

# PREA Facility Audit Report: Final

**Name of Facility:** Vassar House

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 04/08/2023

**Date Final Report Submitted:** 10/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> D. Will Weir	<b>Date of Signature:</b> 10/20/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Weir, Will
<b>Email:</b>	prea.america@gmail.com
<b>Start Date of On-Site Audit:</b>	02/21/2023
<b>End Date of On-Site Audit:</b>	02/22/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Vassar House
<b>Facility physical address:</b>	150 Enterprise Drive, Vassar, Michigan - 48768
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Tristan Bacca
<b>Email Address:</b>	baccat@wolverinehs.org
<b>Telephone Number:</b>	989-966-0485 ext. 50

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Brandon Hannah
<b>Email Address:</b>	hannahb@wolverinehs.org
<b>Telephone Number:</b>	3134104163

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	70
<b>Current population of facility:</b>	31
<b>Average daily population for the past 12 months:</b>	26
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	non-secure
<b>Number of staff currently employed at the</b>	101

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Wolverine Human Services
<b>Governing authority or parent agency (if applicable):</b>	Wolverine Human Services
<b>Physical Address:</b>	15100 Mack Avenue, Grosse Pointe Park, Michigan - 48230
<b>Mailing Address:</b>	Michigan
<b>Telephone number:</b>	3138244400

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Judith Fischer Wollack
<b>Email Address:</b>	wollackj@wolverinehs.org
<b>Telephone Number:</b>	313-824-4400

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Tristan Baca	<b>Email Address:</b>	bacat@wolverinehs.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

0

**Number of standards met:**

34

**Number of standards not met:**

9

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.318 - Upgrades to facilities and technologies
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care
- 115.364 - Staff first responder duties
- 115.367 - Agency protection against retaliation
- 115.371 - Criminal and administrative agency investigations
- 115.386 - Sexual abuse incident reviews

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-21
2. End date of the onsite portion of the audit:	2023-02-22

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Child Advocacy Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	26
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	29
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	6
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	4

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>8</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The question and answer for question 45 needs clarification. This is the number of residents who have been alleged to be victims of sexual harassment (not abuse) in the facility, whether or not they made the report.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>101</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The telehealth contractor was counted as a contractor in some documentation.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Residents from all areas of the facility were interviewed.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Although interviews with staff and residents indicated that there were no physically disabled residents in the facility on the day of the On-Site Review, the auditor was able to discuss the facility's ability to provide the types of care some people with disabilities may require. For example, several residents volunteered examples regarding the care residents have received for injuries, epilepsy, and asthma.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviews conducted were consistent with the documentation provided that indicated that no residents with low vision are in the facility. Residents with corrective lenses are not considered to have low vision.</p>

<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Neither residents nor staff indicated the presence of any residents with deafness or hardness-of-hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Audit Team verified that all current residents speak English fluently.</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents identified as transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>3</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There was no evidence that the facility practices segregation or isolation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Due to confusion regarding the quality and timeliness of the investigative work being completed, the Auditor oversampled from alleged victims.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>There were no admissions, discharges, screenings or searches performed during the On-Site Review.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

### 92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	4	0	4	0
<b>Staff-on-inmate sexual harassment</b>	4	0	4	0
<b>Total</b>	8	0	8	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	0	1
<b>Staff-on-inmate sexual harassment</b>	0	3	0	1
<b>Total</b>	0	0	0	2

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	All allegations involved sexual harassment.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Some files contained numerous allegations.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

<b>Non-certified Support Staff</b>	
<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input checked="" type="radio"/> Other</p>
<p><b>Identify the entity by name:</b></p>	<p>PREA America LLC. I own the company.</p>

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>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.</p>	

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services (WHS) has demonstrated that it has a written policy requiring PREA compliance. However, the PREA Audit Interim Report stated, “WHS has not demonstrated that they have institutionalized PREA Coordination, nor PREA Compliance Management, as required by PREA Standards. Although the agency employed capable and responsive PREA staff during the Audit process, the agency has not yet demonstrated that the practice has been, or will be, sustained.”</p> <p>Corrective Action: The facility was closing as the Interim Report was being written. Except for administrators, there have been no residents or staff. Without the facility being open, and without residents to benefit from PREA or staff to comply with PREA, the facility cannot provide proof of increased PREA compliance for the period after the Interim Report. However, to the extent that they complied with PREA during the 12 months leading up to the Audit and failed to prove it, they were free to provide additional documentation for the Auditor to consider for this Final Report. Their PREA team provided seven additional documents during the final 30 days of the 180-day corrective action period. This documentation will be explained in each</p>

of the narratives of the Standards for which the documents apply. In general, however, the documents did not apply to the 12 months prior to the facility closure, but to future policy and practices be put in place for if/when the facility re-opens. Additionally, they provided a Corrective Action Plan for them to implement upon reopening. This puts them on track toward full PREA compliance but does not prove compliance on its own, because proof of practice is required before a PREA Auditor can consider a facility compliant, according to the PREA Auditor Handbook. It is not until the facility re-opens that they can provide proof of fully compliant PREA practices in their dealings with residents and staff. This means that, although they provided valuable documentation during the 180 days after the Interim Report, they must have a new PREA Audit when/if they reopen. Although Wolverine Human Services did not reopen Vassar House during the 180-day corrective action period, they made progress toward PREA compliance by detailing their compliance plans and updating policies. Regarding Standard 115.311, this included updating their organizational chart and providing it to the Audit Team. The corrective action plan provided by WHS regarding this Standard states,

“How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth to the Vassar House Program. Wolverine Human Services will implement.

1. Compliance review meeting will occur to include the facility director, PREA Coordinator, PREA Compliance Manager, or any trained designee. Minutes of meeting will be kept to document compliance. Documentation will be kept on site for review of compliance.
2. A PREA Compliance audit form will be utilized (See attached form) to monitor compliance of this standard and all others. Compliance audits will be performed twice weekly at random unannounced times. This form will need to be turned into the PREA Coordinator to file for proof of compliance within 24 hours of the internal audit being completed. (See attached)
3. Wolverine Human Services has updated the Organizational chart and will generate a new list of contractors that have contact with youth or that work with youth or in youth housing areas. This list will be created upon the placement of the first youth in the Vassar House Program.
4. All Staff will be retrained in the PREA Standards and be required to complete a test at the end of training. If individuals do not pass, they will receive remedial training. If they cannot pass successfully the individual will be terminated. Staff will be trained semi-annually, and all documentation will be kept in staff’s individual training records for compliance review.
5. Sign in sheets and final tests will be submitted along with other supporting human resources documentation if a termination occurs.”

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the new PREA Coordinator and other administrators, WHS PREA Policy (pages 1-7), the outdated organizational chart, and the updated

	organizational chart. The agency responded efficiently to concerns that were raised and expressed plans that may be implemented to bring the facility into compliance.
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services does not contract for the confinement of residents. Therefore, this Standard does not directly apply to WHS, at this time, but to Michigan DHHS Juvenile Justice’s Programs, which place residents at the facility.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Contract Administrator and other administrators, resident logs, previous Audits, and other documentation such as emails and press reports.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Each facility is required to develop, document, and make its best efforts to comply with a staffing plan that provides adequate staffing levels and video monitoring to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or Standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. At least once annually, the facility, in collaboration with the PREA Coordinator, is required to review the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with it.</p> <p>Corrective Action: The Staffing Plan was updated on 09-25-23 and addressed most of the concerns raised in the Interim Report. The Interim Report stated, “Michigan Department of Health and Human Services (MDHHS) Child Welfare Licensing has documented deviations from the line-of-sight supervision requirement in the Staffing Plan. Although the staffing plans were documented as if they had been reviewed,</p>

they did not contain the current PC and PCM names, nor did they reference staffing and supervision issues identified by MDHHS Licensing, nor the related corrective actions. They did not contain information about contractors consistent with other sources. The staffing plan stated there was a video monitoring system, even though it had been removed prior to the Staffing Plan Review.” On page 4 of the Staffing Plan, it states, “Video monitoring services were installed in the Vassar house facility in April of 2023.” Yet on page 5, it states that no recent changes have been made to the video monitoring system. WHS uses a form from the State of Michigan (MDHHS-5833-PREA) for their Staffing Plans. On page 5, it provides blank spaces for the facility to use to explain how the agency considered their ability to protect youth from sexual abuse in their video monitoring decision-making process. These fields were left blank in their updated Staffing Plan, although they are clear regarding their plans to further review/update the Plan.

The corrective action plan provided by WHS for this Standard states,

“How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth in the Vassar House Program.

1. See section one and two above.

2. Wolverine Human Services had rewritten and will implement a new staffing plan upon the placement of the first youth to address new ratios (1:2 during waking hours and 1:4 during sleeping hours). Previous MDHHS corrective action plans, demographics of the youth in placement, and the risk of each child.

3. A Semi-annual review of the PREA staffing plan will be scheduled upon the first placed youth at Vassar house. Any additional staffing plan reviews will be scheduled based upon the need of the facilities if the circumstances arise.

4. WHS will continue to maintain the Video Monitoring Devices and conduct random tests twice monthly to ensure the monitoring system is working. Documentation of the review will be kept on site for compliance review.

5. Youth Care Worker Supervisor, and Residential Supervisors will conduct unannounced rounds according to WHS Policy. Lead supervisors and Program Directors need to audit the unannounced rounds to ensure employee compliance with policy. To begin when the first youth is placed.

6. Unannounced rounds need to be turned into the PREA Compliance managers drop box daily at 10 am the following day for review by the PREA Compliance manager to ensure accuracy and completeness.”

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Director, the PREA Coordinator, supervisors, and staff; PREA policy pp. 7 & 16; documentation of the staffing plans and reviews; MDHHS Licensing reports and Corrective Action Plans; and documentation of unannounced rounds by supervisors. The Wolverine Human Services Vassar House facility has developed staffing plans but has not demonstrated that it follows all aspects of this

	Standard, nor all aspects of their own Staffing Plans, nor that they have an institutionalized practice of keeping the Staffing Plans accurate and updated.
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine’s Vassar House facility does not conduct cross-gender searches of residents absent exigent circumstances. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident to determine the resident's genital status.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with randomly selected staff and residents; Policies (pp. 6-8) and procedures governing searches of residents and cross-gender viewing; Training curricula; and Staff training logs. In the past 12 months, no cross-gender or strip searches have occurred, according to the available information. If these kinds of searches happen, they must be documented. Policy (pp. 6-8) and procedures about supervision and searches were discussed during interviews with staff and residents. Although some interviews indicated a desire for additional training, documentation and interviews indicate that all staff have been minimally trained regarding searches and understand the training.</p>

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine’s Vassar House facility has established procedures to provide disabled residents and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants, except</p>

	<p>in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, residents, and randomly selected staff, and policies and procedures regarding the equal opportunity of disabled residents and residents with limited English proficiency to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy prohibits resident interpreters, readers, or other resident assistants, except in limited circumstances. Qualified staff utilize various materials and techniques for effective communication about PREA with residents with disabilities, limited reading skills, or limited English proficiency. They can utilize a list of over 150 Michigan agencies provided by the Michigan Department of State's Translator List Administrator. For youth with severe emotional disabilities or learning disabilities, the facility benefits from the Special Education Services of the Vassar Independent School District (ISD), which provides on-site teachers, tutors, and professional assistance. Policy (p. 4), resources, and interviews provide a triangulation of evidence of compliance.</p>
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115.317	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy prohibits hiring or promoting anyone who has engaged in sexual abuse, as detailed in this Standard, if they may have contact with residents. Wolverine HS policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. The agency's policy requires conducting criminal background record checks and consulting the child abuse registry before employing new employees who may have contact with residents. The agency must do its best to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff, hiring and background check policies, and Files of employees and contractors with background checks consistent with this Standard. Michigan Division of Child Welfare Licensing requires and monitors criminal background checks and central abuse and neglect registry checks annually for all juvenile justice residential facilities. In addition, MDHHS's overarching policy, which public and contracted facilities must follow, requires this. In addition to providing these proofs, they also provided detailed information regarding their</p>



	hiring protocols, their Background Check Posters, and other public-facing information announcing their practices.
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House has not acquired a new confinement facility nor substantially expanded existing facilities. However, they removed their video monitoring system after the previous PREA Audit. They have relied heavily on their creditable ability to hire staff who are both qualified and motivated to work with high-needs youth, even during labor shortages. Additionally, they have strived to maintain staff-to-resident ratios at high levels to maintain safety through constant line-of-sight supervision. They decided just prior to the On-Site Review to again incorporate video monitoring on top of the line-of-sight supervision already being practiced. They had workers installing a new camera system during the On-Site Review in the presence of the Audit Team and MDHHS administrators. However, the story of why the cameras were removed in the past, and why they were returned during this audit, was never clear. The PREA Audit Interim Report stated, "The facility provided conflicting evidence regarding whether changes considered sexual safety as required by this Standard."</p> <p>Corrective Action: The agency and facility have taken several steps toward compliance with this Standard since the PREA Audit Interim Report. In addition to implementing the changes proposed by the agency, the Auditor suggests that the next Staffing Plan revision include specifics regarding the degree to which video monitoring assists in achieving sexual safety. Any camera may potentially observe sexual (or other) violence, but some cameras may be positioned primarily for that purpose, such as when they monitor blind spots or risk areas. These cameras are different than cameras pointed, for example, toward an entrance primarily for monitoring and managing movement. Even when line-of-sight supervision is being fully complied with, when dealing with youth who have a history of needing intensive supervision, one youth may move between a staff member and another youth so that the staff member does not observe all of what one youth is doing to another youth. It is possible for sexual abuse to occur under the noses of staff, as has been alleged. If the agency wants their video monitoring to increase sexual safety, they should consider letting staff know how they are expected to incorporate this type of monitoring into their work of supervising residents. Knowing which cameras to monitor, and when, can be helpful when supervising opportunistic residents, so agencies should consider adding this skill to training and staffing plans. The PREA Standards in Focus 115.18 Upgrades to Facilities and Technologies (<a href="https://www.prearesourcecenter.org/sites/default/files/library/115.18.pdf">https://www.prearesourcecenter.org/sites/default/files/library/115.18.pdf</a>) provided by the PREA Resource Center states that "monitoring technology deployed in facilities is used as a supplement to staff supervision and not as a</p>

replacement." This points to strength in the Vassar House approach because in no way are they so reliant on video monitoring that they try to substitute it for actual staff supervision. However, the guidance goes on to say that video monitoring "is only as effective as the human beings who are monitoring it. Monitoring technology can be a valuable part of a comprehensive approach to sexual safety . . ." The document states that agency decision-makers are challenged to ensure "that staff responsible for facility design upgrades and the placement of monitoring technology have a sophisticated understanding of the dynamics of sexual abuse in confinement so that they appropriately apply that knowledge." It also states that they consider "allocating resources for staff training on the use of cameras and other technology, including appropriate documentation of their use, and maintenance of systems (which may in turn require staff training on routine maintenance and minor repair)."

The corrective action plan provided by WHS for this Standard states,

"How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth in the Vassar House Program.

1. See section one and two above.
2. Wolverine Human Services has active video monitoring in the Vassar House Facility in all areas. Camera footage will be kept on site for compliance review.
3. Video monitoring system changes will have the PREA Coordinator included in the decision-making process."

Analysis: The PAQ stated, "Video monitoring systems have been removed from the facility since the last PREA audit." Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and the Facility Director and documentation of why the video monitoring systems were changed. Some evidence indicated that the decision to remove the cameras was made because they did not have enough money to maintain the system or replace it. Other evidence indicated that they had other ways to keep the youth safe. They started installing a new system during the day of the On-Site Review. At the time of the Interim Report, there was not a triangulation of consistent evidence that indicated compliance with this Standard. Following the On-Site Review, a new video monitoring system was installed. During the CAP, plans have been made to ensure that the video monitoring system's changes will take sexual safety into account. Proof of practice cannot be provided until the facility is re-opened, but the agency has made significant progress in addressing concerns raised by the Audit Team.

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Wolverine Human Services is responsible for conducting only administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The local police and Michigan Children's Protective Services coordinate criminal investigations and follow uniform evidence protocol. The facility offers all residents who experience sexual abuse access to forensic medical examinations off-site at no financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means, and it documents these efforts. A review of resources indicates that SANEs or SAFEs, as well as advocates, are typically available 24/7 at facilities available to the residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews conducted with randomly selected staff at the facility and with the SANE Nurse at the hospital. Allegations of sexual abuse/sexual harassment were reviewed, along with investigative files. There were no allegations requiring criminal investigations or forensic exams. Forensic medical exams are provided at no cost to the alleged victim. PREA policy (pp. 11&amp;12) and Michigan Model Policy were reviewed, culminating in the triangulation of evidence of compliance.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published online. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Analysis: Verification of compliance with this Standard was achieved through a review of policies (pp.12 &amp; 15) and Michigan Model Policy, proof of practice, and interviews conducted during the Audit. Evidence used to determine compliance with this Standard includes Interviews with the Agency Head and Investigative staff and documentation reports of sexual abuse or harassment, with findings.</p>

<b>115.331</b>	<b>Employee training</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Wolverine Human Services Vassar House facility trains all employees who may have contact with residents on the following required matters: The zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Residents' right to be free from sexual abuse and sexual harassment; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse; how to distinguish between consensual sexual contact and sexual abuse between residents; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and Relevant laws regarding the applicable age of consent. The training is tailored to the unique needs, attributes, and gender of the residents at the facility. Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment annually.</p> <p>Analysis: All staff have been trained in PREA requirements. Verification that they received the training, and understood it, was provided. Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff; training policy (PREA Policy, pp. 5 &amp; 6) and procedures; staff training curricula; and records documenting staff training regarding compliance with this Standard. Concerns that current staff do not adequately understand their First Responder Duties are addressed under Standard 115.364.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Wolverine Human Services Vassar House volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents. The</p>

	<p>agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with a contractor; training curriculum for volunteers and contractors who have contact with residents; PREA Policy (p. 6); and training records for contractors who have contact with residents. There are no volunteers. A triangulation of evidence verifies compliance.</p>
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115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Wolverine Human Services Vassar House facility residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. All residents have been educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Vassar House ensures that crucial information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, and/or otherwise disabled, and residents with limited reading skills.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected residents. Agency policy governing PREA education of residents. Intake records of residents entering the facility in the past 12 months. Orientation packet, pp. 2&amp;3. Records corroborating that those residents received comprehensive, age-appropriate PREA education within ten days of intake. Education and informational materials (posters, Resident Handbook) in compliance with the Standard. Information obtained during the Pre-Audit Process and during the On-Site Audit, including interviews with staff and residents, indicates that the residents understand the zero-tolerance policy and various ways to report. A triangulation of evidence verifies compliance with this Standard.</p>

115.334	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility investigators receive some training in conducting sexual abuse</p>

investigations in confinement settings. The police perform criminal investigations. An Issue Log provided by the Auditor to Wolverine HS during the Pre-Audit Process stated that “not everyone conducting investigative work was on this list of who is trained to do so. What investigative background do the investigators have? This training assumes some prior knowledge/experience with investigations and is only suitable for helping investigators know the additional things required for sexual abuse-type investigations. If staff have never investigated rule violations or other kinds of complaints, they need much more training and experience before all the NIC training will click for them. It covers the material much too quickly for someone without previous investigative experience.”

Corrective Action: During the CAP, the agency provided the following plan for coming into compliance when the facility reopens.

“How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth in the Vassar House program.

1. See sections one and two above.
2. This compliance meeting will go over all parts of the investigation, be utilized as training and review of all investigations at the Facility.
3. Investigators will receive additional training quarterly on conducting investigations.
4. New Investigators will not conduct solo investigations but will assist a trained investigator until proper investigations are presented to the PREA Compliance Manager.
5. Documentation of all training will be placed in employee personnel file for compliance review.”

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; Agency training policy for Investigators; Investigator training curriculum; and documentation that Agency Investigators have completed NIC training, although some of the trained investigators no longer work for the agency. These sources, along with sub-standard investigative work, do not provide a triangulation of evidence that new and inexperienced investigators are adequately trained.

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	The agency has a policy related to the training of medical and mental health

	<p>practitioners who work regularly in the facility, but they do not do forensic exams. The agency maintains documentation showing which medical and mental health practitioners have completed the required training. The training teaches how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The documentation provided during the Pre-Audit Phase of the audit did not indicate that all Medical/Mental Health Staff had received their training. The Interim Report stated, “Although the staff were immediately scheduled to complete the training, without a Corrective Action Period to verify sustained compliance, it is not verified whether this documentation of training is adequately institutionalized in the facility culture.”</p> <p>Corrective Action: No additional proof of compliance or training was received during the CAP, but the agency seems ready to proceed with compliance when/if they open. Their plan states,</p> <p>“How compliance will be achieved:</p> <p>On 9/15/2023 or upon the placement of the first youth.</p> <p>1. All Medical and Mental Health staff training records will be reviewed and all that need training will be trained and certificates will be kept onsite in each employee’s personnel file for compliance review.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners around sexual abuse and sexual harassment; and information showing that some Medical/Mental Health Staff did not have documentation indicating they had received the training at the time of the Pre-Audit work.</p>
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<b>115.341</b>	<p><b>Obtaining information from residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Wolverine Human Services Vassar House facility has routines that require screening within less than 72 hours of admission for risk of sexual abuse victimization or sexual abusiveness toward other residents, using an objective screening instrument. They reassess all residents’ risk levels throughout their confinement. The screening and reassessment attempt to ascertain information about (1) Prior sexual victimization and/or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current</p>
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	<p>charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with Risk Screening staff, randomly selected residents, and the PREA Coordinator. Agency policy (pp. 4-6) and procedures governing screening of residents upon admission to the facility (there are no transfers), and during reassessments, were reviewed. The screening instrument used to determine the risk of sexual victimization or abusiveness was reviewed.</p>
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115.342	Placement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Wolverine Human Services Vassar House facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments. This information is gleaned through conversations with the resident, and during medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. Placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status is prohibited. The facility also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. The agency makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. The screening information is reviewed by administrators, and discussions take place in group leader meetings to decide the placement of the youth, including into which unit they will be placed. Isolation is not utilized within the facility, for more than a couple of hours for the youth to calm down and be able to rejoin the group. If a youth were to be separated from their group, they would go to a sensory room or back into their unit.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews conducted with the PREA Coordinator, Risk Screening Staff, and LGBTI residents. Documentation of the use of screening information to inform housing, bed, education, and program assignments, to keep all residents safe and free from sexual abuse. Facility policies, including those that prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Documentation of</p>



	<p>reassessments for compliance with the Standard. Policy (pp. 5&amp;6) and interviews indicate that appropriate controls have been implemented on disseminating sensitive information obtained during the screening, reassessment, and therapeutic process to ensure that the information is not exploited to the resident's detriment by staff or other residents.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Wolverine Human Services Vassar House facility has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report verbally, through the grievance process, or through the outside reporting option of calling the Child Protective Services toll-free report line. Child Protective Services Central Intake phone number is a state-wide phone number that can be called by anyone regarding a child or a vulnerable adult with allegations that abuse, harassment, and/or neglect are occurring. Additionally, reports may be made at <a href="https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2012/03/05/new-central-intake-for-complaints-involving-abuse-and-neglect">https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2012/03/05/new-central-intake-for-complaints-involving-abuse-and-neglect</a>. If the allegations do not rise to the level of abuse that CPS would handle, a report will still be generated for Wolverine HS and investigated per PREA Standards, including anonymous reports. The facility does not house any residents detained solely for civil immigration purposes. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports by the end of their shifts. Residents are provided with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Wolverine Human Services has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff, and anyone else, can also report anonymously through the Child Protective Services number. Staff are informed of these procedures through trainings, verified policy reviews, and posted notices.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with staff and residents, the PREA coordinator, and residents who reported sexual abuse. (2) Reviews of PREA policies, along with applicable MDHHS policies and agreements: resident reporting policy; documentation on resident reporting; Client Handbook; posters; staff training; refresher training; resident education; documentation of outside entity responsible for taking reports; resident reporting policy relevant to reporting to the outside entity; policy (pp. 8-9)</p>

	<p>mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; and policy and documentation outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. (3) Successful tests of reporting systems.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility has an administrative procedure for dealing with resident grievances regarding sexual abuse, which allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The agency policy does not require a resident to use an informal grievance process, nor to otherwise to attempt to resolve with staff an alleged incident of sexual abuse. Policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint, and it requires that an initial decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made immediately, as it is considered an emergency, as with any allegation of sexual abuse or harassment. The final decision must be made within 90 days. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with residents who reported Sexual Abuse and were familiar with the grievance system; grievance policy; PREA policy (pp. 3, 4, 10, 16, 17); documentation of a grievance that was filed and responded to as per policies and Standards; Client Handbook; Family Handbook; and training received regarding grievances.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal</b>
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	<b>representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Residents are provided access to outside victim advocates for emotional support services related to sexual abuse. They are provided with phone numbers in their Orientation Packets, as well as by postings around the building. They are assisted in communicating with these organizations, in as confidential a manner as possible. Before giving them access to outside support services, the facility informs residents about the extent to which such communications will be monitored. The facility advises residents, before giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The facility maintains memoranda of understanding (MOUs) and other agreements with community service providers that can provide residents with emotional support services related to sexual abuse, and the facility maintains copies of those agreements. The agency provided proof they are working on an updated MOU with the Child Advocacy Center of Tuscola County (<a href="https://cac-tuscola.com/">https://cac-tuscola.com/</a>) for emotional support services and advocacy, as well as to coordinate sexual abuse exams and related care when needed. The Audit Team verified that, even without the updated MOU, they have access to services from the CAC. Residents are also provided with the National Sexual Assault Hotline and the Child Protective Services Hotline numbers. The facility also provides residents with reasonable and confidential access to their attorneys or other legal representation, and it also provides residents with reasonable access to parents or legal guardians.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected residents, with residents who reported sexual abuse, with the PREA Coordinator, and with the facility Director; Policies 9 &amp; 10 governing resident access to outside victim advocates for emotional support services related to sexual abuse; Client and Family Handbooks; and postings pertinent to reporting sexual abuse and access to support services.</p>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Third-party reports can be made through the youth and family grievance system, the Child Protective Services toll-free reporting line, or by reporting to the facility. The agency and</p>

	<p>facility publicly distribute information on how to report resident sexual abuse or sexual harassment on behalf of residents. Information is provided to the resident and family. Posters list the CPS toll-free number and other reporting options. Information about how to report sexual abuse can be found online at <a href="https://www.wolverinehs.org/about/accreditation-compliance/">https://www.wolverinehs.org/about/accreditation-compliance/</a>.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Publicly distributed information on how to report sexual abuse or sexual harassment on behalf of residents, and PREA Policy (p. 17). Client Handbooks and other information received during intake provide outside reporting options. Staff and residents interviewed knew that reports can be received through other people, even through people outside the facility; that reports can be made anonymously; and that reports can be made through outside organizations. A triangulation of evidence indicates that the facility is compliant with this Standard.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility requires all staff to report immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local service agencies, Wolverine Human Services policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are mandated reporters and are required to inform residents, at the initiation of services, of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility will promptly report the allegation to the appropriate agency office and to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report will be made to the alleged victim’s caseworker instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee will also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff,</p>

	<p>with the Clinical Services Director, with Youth Specialists, with the PREA Coordinator, and with the Facility Director. Relevant policy (pp. 10-11) governing the reporting by staff of incidents of sexual abuse or sexual harassment and requiring all staff to comply with any applicable mandatory child abuse reporting laws. Case documentation also indicates that these policies are being followed.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>When Wolverine Human Services Vassar House facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, with the Facility Director, and with randomly selected staff; and relevant policy (p. 12) governing the agency’s protection duties, when residents are subject to a substantial risk of imminent sexual abuse. According to the Pre-Audit Questionnaire, in the past 12 months, there have been no times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse. Staff interviewed indicate that, depending on the specifics of the information received about the substantial risk of harm, they would follow as many of the First Responder Protocols as might apply to the situation. Consistent with PAQ information, staff and residents interviewed indicate they do not know of any times during the past year when a resident was at imminent risk of sexual abuse. A triangulation of evidence demonstrates compliance with this Standard.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Wolverine Human Services Vassar House facility has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred, as soon as possible, but no later than 72 hours after receiving the allegation; and that this notification be documented. Policy also requires the head of the facility to notify the appropriate investigative agency. Allegations received from other facilities/agencies are to be investigated in accordance with the PREA Standards.</p>

	<p>Analysis: In the past 12 months, there have been no allegations that the facility received that a resident was abused while confined at another facility. In the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities. Evidence used to determine compliance with this Standard includes Interviews with the Agency Head and the Facility Director; Agency policy regarding reporting allegations of sexual abuse of residents while confined at another facility; Agency policy (p. 12) requiring that allegations of sexual abuse of residents received from other agencies or facilities are investigated as per the PREA Standards; and a review of all allegations received in the past 12 months.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Wolverine Human Services Vassar House facility has a First Responder policy for allegations of sexual abuse. The Agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence. Policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security.</p> <p>Corrective Action: During the corrective action period, despite the facility being closed, considerable thought and planning were given to Wolverine’s entire process of dealing with allegations, from the moment someone needs to make an allegation, all the way through the investigation and afterward. They seek to make the reporting process smoother, even when the allegation comes in through the grievance system. Although their First Responder Duties were technically correct, meeting the minimal PREA Standards, the WHS PREA team identified areas of potential confusion and made clarifications. For example, they worked intently on dealing with times when staff are the accused. They made changes to their Site Response to Allegations Toward Staff Member(s) Policy (CR 3; ETH 4; PREA) to ensure they are more likely to follow the First Responder Duties without having a false perception that employee rights are being violated. Although the proof of compliance will come after the facility reopens and the changes are put into practice, it seems quite likely that the First Responder Duties will make more sense during training and will have more buy-in from those who feel someone is being falsely accused. It is recognized by PREA experts that when the first responses are</p>

	<p>done right, not only are the guilty more likely to be held accountable, but the wrongfully accused are more likely to be fully cleared of wrongdoing, even though it might take time for the full investigation to be completed. Wolverine Human Services' Corrective Action Plan for this Standard states,</p> <p>"How compliance will be achieved:</p> <p>On 9/15/2023 or when the first youth is placed in the Vassar House Program</p> <ol style="list-style-type: none"> <li>1. Wolverine Human Services PREA Compliance Manager will conduct random unannounced checks on all staff in the facility that utilize the PREA standards. [...] During these checks the PREA Compliance manager may give the staff a verbal quiz, or written test to ensure the staff member knows [their role] in accordance with the (PREA Policy, pp. 13-15).</li> <li>2. Compliance checks will be documented on an Internal Compliance review form and submitted to the PREA Coordinator by the following day they were performed.</li> <li>3. Coordinated response plan was updated where staff need to notify a supervisor of the incident to ensure a more efficient response to Sexual assault and harassment."</li> </ol> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with residents who reported sexual abuse and those involved in investigations; interviews with staff who have acted as First Responders; and interviews with randomly selected staff; along with Agency policy (PREA Policy, pp. 13-15), the Coordinated Response Plan, and Site Response to Allegations Toward Staff Member(s) Policy governing staff First Responder duties. Interviews indicate that staff do not fully understand their First Responder Duties. Although significant improvements appear to have been made after the facility closed, without a triangulation of evidence of compliance in practice, the facility has not shown compliance with this Standard.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility has developed a written institutional plan, to coordinate actions to respond to an incident of sexual abuse, among staff First Responders, medical and mental health practitioners, Investigators, and facility leadership.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Facility Director and the PREA Coordinator, and a review of the Facility's Coordinated Response Plan. These indications, along with training curricula, indicate a triangulation of evidence of compliance.</p>



<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has neither entered nor renewed any collective bargaining agreement nor other agreement since the previous Audit. Wolverine Human Services Vassar House facility maintains the ability to protect residents from abusers.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Agency Head and other administrators; and a review of all the PAQ documentation. All indications are that the agency is fully compliant with this Standard.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The agency is required to designate which staff members or departments are charged with monitoring retaliation. Monitoring should include monitoring the conduct and treatment of residents or staff who reported sexual abuse, and of residents who reportedly suffered sexual abuse, to see if any changes may suggest possible retaliation by residents or staff, for 90 days or as long as needed. Although their policy was consistent with the Standard, the agency/facility did not provide adequate proof of practice. Policy Section F 10 states, "A designated facility employee must monitor staff and youth to prevent retaliation for a minimum of 90 days after a sexual abuse or sexual harassment allegation is made. Monitoring should include multiple methods, including but not limited to observation, direct questioning, and review of logs and incident reports." The Audit Team tried to encourage the agency to determine if there was a reason that they did not have much evidence that they were following their policy. The Issue Log provided by the Auditor to the Agency during the Pre-Audit Process asked if there were ". . . other instructions. Is it covered somewhere in training? Do the monitors know the signs of retaliation? How often does monitoring happen? How is it documented? Do they know what to do if they discover that a resident is the victim of retaliation? An employee?" The Interim Report stated that, "Although the facility provided some additional information, proof of sustained practice of this Standard was not provided</p>



	<p>in the time allotted. The facility will not be considered in compliance with this Standard until/unless it demonstrates compliance during the Corrective Action Period.”</p> <p>Corrective Action: Since the facility was closed during the Corrective Action Period, their proof of sustained compliance must be provided during a new Audit once they re-open. However, they have a plan ready:</p> <p>“How compliance will be achieved:</p> <p>On 9/15/2023 or upon the placement of the first youth in the Vassar House Program.</p> <ol style="list-style-type: none"> <li>1. See Sections one and two above.</li> <li>2. Wolverine Human Services has amended PREA policy to ensure PREA investigators also monitor retaliation for their assigned investigations.</li> <li>3. Investigators will monitor for retaliation every 72 hours. The method of monitoring as well as findings need to be documented on a PREA case note. Case note will be turned into the PREA Compliance manager by the end of the day retaliation monitoring occurred.</li> <li>4. Retaliation monitoring notes will be kept on site for compliance review.”</li> </ol> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with the Agency Head, the facility Director, the PREA Coordinator, and randomly selected residents; Agency policy (PREA Policy, pp. 8 &amp; 12); and investigative documentation, which included little in the way of proof of practice. As stated above, the agency can demonstrate compliance by documenting proof of sustained compliance during a new Audit once they re-open.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Standard requires that “Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.” Documentation reviewed, interviews conducted, and the Site Review indicate that youth at Wolverine Human Services Vassar House facility cannot be isolated for more than a couple of hours.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the facility Director, the PREA Coordinator, staff who supervise residents who have had rule violations, medical staff, mental health staff, and residents. (2) Facility policy (PREA Policy, p. 6) that residents who allege to have suffered sexual abuse may only be placed in protective care as a last</p>

	<p>resort, only if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. (3) Documentation requiring line-of-sight supervision for all residents without the use of isolation.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility has a policy related to criminal and administrative agency investigations. The agency is not to terminate an investigation solely because the source of the allegation recants the allegation. The substantiated allegations of conduct that appear to be criminal are referred for prosecution. The agency should retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is a resident or is employed by the agency, plus five years. Investigations are to be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. These administrative investigations are to include an effort to determine whether staff actions or failures to act contributed to the abuse, and the investigations are to be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is required to be assessed on an individual basis and not determined by the person's status as a resident or staff. The departure of the alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation. No resident who alleges sexual abuse will have to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. When outside agencies investigate sexual abuse, the facility cooperates and endeavors to remain informed about the progress of the investigation.</p> <p>The PREA Audit Interim Report stated, "Full investigative files were not initially included in the Pre-Audit Questionnaire, but several, not all, were provided later. It appears that some interview notes may have been discarded or misplaced, perhaps due to staffing changes. The evidence that was reviewed indicates that all allegations are investigated, but sometimes when allegations seem less serious, investigations are not completed thoroughly or in a timely manner. Even when youth were removed from the facility and the facility appeared to be closing, after the On-Site Review, the institutionalized commitment to this Standard remained, and investigators were working to complete pending investigations. A few</p>

investigative files did not contain documentation that all the elements required to be fully compliant with this Standard were included in the investigation. For example, some reports were summaries that indicated alleged victims, witnesses, or alleged perpetrators were interviewed by staff, but did not name who conducted the interviews. Had more documentation been preserved, or more detailed documentation been included in the reports, the facility might have demonstrated compliance. However, PREA Auditors are required to review full investigative files. In a few cases the investigative report, with a short summary of the investigation, rather than a detailed account, was the only thing the Auditor could review. In such cases, the facility has not demonstrated that the investigations were complete, nor to what extent the investigations were conducted by one of their trained Investigators. Although they have demonstrated compliance with most of the Standards relating to investigations, without a triangulation of evidence, the facility has not yet demonstrated full compliance with this Standard.”

Corrective Action: The agency added requirements to its investigative policy during the CAP and provided the following plan for becoming compliant with this Standard.

“How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth in the Vassar House Program

1. Wolverine Human Services will implement a weekly meeting to include the PREA Coordinator, PREA Compliance Manager, and all PREA investigators. With a specific designee to take minutes of the meeting. During this meeting all investigations will be reviewed for accuracy, and completeness. Any pending investigations will be discussed during the process. All notes will be kept onsite for compliance review.
2. The meeting listed above will also be used for 30-day reviews of all completed investigations.
3. In addition, the PREA policy has been updated to include: (All PREA investigations are to be completed and turned in to the PREA Coordinator no later than 72 hours after an incident is received. If law enforcement is involved the PREA Investigator will have 72 Hours to complete the investigation after Law enforcement has completed their investigation. If allowed the PREA investigator may investigate in tandem with Law Enforcement or other outside agencies to ensure fidelity of all investigative processes, and to eliminate any further traumatization of alleged victim and perpetrators.)”

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff, with the facility Director, with the PREA Coordinator, and with other administrators; Agency/Facility policies (p. 12-15) and protocols related to criminal and administrative Agency investigations; Training records for Investigators; and the investigative records/reports for allegations of sexual abuse or sexual harassment.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>As stated in policy and verified by the Auditor during interviews, Wolverine Human Services Vassar House facility imposes a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; policy (p. 13) imposing a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated; and documentation of administrative findings in all investigations conducted in the past 12 months.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility Policy requires that any resident who alleges that she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. If an outside entity conducts an investigation, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that another resident has sexually abused her in the facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to residents described under this Standard are documented.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the facility Director and with Investigative staff. Agency PREA Policy (pp. 9-10) requiring that any resident who alleges that they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following</p>

	<p>an investigation by the agency. Sexual abuse/harassment investigations completed by the Agency. Agency policy requiring documentation of notifications. Documentation of notifications applicable to this Standard. A triangulation of evidence indicates compliance with this Standard.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews and documentation received by the Auditor indicate that staff are subject to disciplinary sanctions up to and including termination for violating Wolverine Human Services Vassar House facility sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Staff disciplinary policy (p. 14) regarding violations of Agency sexual abuse or sexual harassment policies. The review of investigations conducted and the agency policies and training documentation, along with interviews conducted, provide a triangulation of evidence showing compliance with this Standard.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Wolverine Human Services Vassar House facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been no such allegations or reports. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency</p>

	<p>sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were held with the facility Director, the PREA Coordinator, a contractor, and those who may supervise or accompany any volunteers or contractors who may have contact with residents. Policy (p. 14) requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Residents are subject to disciplinary sanctions only under a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or a criminal finding of guilt. Although the agency policy is consistent with this PREA Standard regarding the isolation of residents, the facility does not practice isolation. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. Disciplinary action for making a report of sexual abuse, if the report is made in good faith based upon a reasonable belief that the alleged conduct occurred, is prohibited, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, mental health staff, and facility administrators; PREA Policy (pp. 3-6, p. 15), which indicates that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-onresident sexual abuse; and Investigations conducted in the previous 12 months. Interviews with facility administrators verify that although all sexual activity between residents is prohibited, such activity does not constitute sexual abuse unless it is determined that the activity is coerced.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>All residents at Wolverine Human Services Vassar House facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, as per the facility's written policy and procedure. All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff maintain secondary materials documenting compliance with the above-required services. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, and its use is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with each of the following: residents who disclosed sexual victimization at Risk Screening; medical staff; mental health staff; and staff who perform Risk Screening. Policy (pp. 5, 9, &amp; 14) on medical and mental health screening. Sample of medical and mental health secondary materials documenting compliance with required services. All residents at the facility have mental health screenings and care, as it is part of the services provided. Resident interviews verified that their care includes care regarding any victimization they have experienced in their past.</p>
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115.382	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Interviews and policy reviews indicate that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services are provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with residents who reported sexual abuse or harassment; and policies (p. 11) and procedures regarding</p>

	access to treatment services by resident victims of sexual abuse and documentation of medical and mental health services rendered to residents.
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services Vassar House facility is required to offer medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are to be offered tests for sexually transmitted infections, as medically appropriate. If pregnancy results, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Treatment services are to be provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Within 60 days of learning of such abuse history, the facility is to attempt to conduct a mental health evaluation of all known resident-on-resident abusers, and it is to offer treatment, when deemed appropriate by mental health practitioners.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with medical staff, with mental health staff, and with residents who have reportedly been victimized by sexual abuse; and policies (p. 11) and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers. This, alongside documentation of services received, culminates in a triangulation of evidence of compliance with this Standard.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>The facility conducts a sexual abuse Incident Review after every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. The facility is required to conduct a sexual abuse Incident Review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse Incident Review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better</p>



prevent, detect, or respond to sexual abuse; and whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, and the team also assesses the adequacy of staffing levels in that area during different shifts. They evaluate whether monitoring technology should be deployed or augmented to supplement supervision by staff. They report their findings and any recommendations they have for improvement to the facility head and PREA Coordinator. The Auditor found that the reviews were not being completed in a timely manner.

Corrective Action: The agency has provided a plan to become compliant with this Standard.

“How compliance will be achieved:

On 9/15/2023 or upon the placement of the first youth in the Vassar House Program

1. See Sections one and two above.
2. Documentation of all incident reviews will be kept on site for compliance review.”

The timeliness of the Reviews was provided for in their plan for Standard 115.371 when it states, “Wolverine Human Services will implement a weekly meeting to include the PREA Coordinator, PREA Compliance Manager, and all PREA investigators. With a specific designee to take minutes of the meeting. During this meeting all investigations will be reviewed for accuracy, and completeness. Any pending investigations will be discussed during the process. All notes will be kept onsite for compliance review. . . [and] will also be used for 30-day reviews of all completed investigations.”

Analysis: Evidence used to determine compliance with this Standard includes: interviews with the facility Director, with the PREA Coordinator, and with the Incident Review Team; and policies (p. 15) and procedures (MDHHS) on conducting sexual abuse Incident Reviews. As in the Interim Report, the evidence shows that reviews were conducted but were not timely. Without a triangulation of evidence that the facility follows all parts of this Standard, the facility is not considered compliant with this Standard.

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Wolverine Human Services collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions, and provides this to the DHHS JJP at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse Incident Reviews.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: the policy (p.16) regarding sexual abuse data collection; the set of definitions used for collecting data on sexual abuse allegations at facilities; and the data collection instrument used for collecting data on sexual abuse allegations at the facility for the past 3 years. These documents, along with interviews conducted, verify compliance with this Standard.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Comparative data on sexual abuse allegations and findings are listed on the public website. The annual reports are approved by the Agency Head, as per protocol, and do not contain information that would present a clear and specific threat to the safety and security of the facility.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with the Agency Head, with the PREA Coordinator, and with other administrators; documentation of Corrective Action Plans such as through Licensing (<a href="https://www.michigan.gov/mdhhs/doing-business/licensing/child-welfare">https://www.michigan.gov/mdhhs/doing-business/licensing/child-welfare</a>); Policy, p. 16; Annual Reports of findings from data reviews and any corrective actions; and the link to the website where the Annual Report is available: <a href="https://www.wolverinehs.org/about/accreditation-compliance/">https://www.wolverinehs.org/about/accreditation-compliance/</a>.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wolverine Human Services ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data be</p>

	<p>made readily available to the public annually through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least ten years after the initial collection date. For annual reports: <a href="https://www.wolverinehs.org/about/accreditation-compliance/">https://www.wolverinehs.org/about/accreditation-compliance/</a></p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with the PREA Coordinator; Policy (p. 15-16); and a review of the website and reports.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Michigan Department of Health and Human Services Juvenile Justice Services coordinates the PREA Audits of their facilities, and most of the facilities they contract with statewide, including Wolverine’s Vassar House facility. They initiate PREA Audits every year in keeping with this Standard and remain compliant in material ways with this Standard. Vassar House was audited during the first year of the Audit Cycle.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Details from various sources such as interviews, Audit Reports, and contracts regarding when facilities in the MDHHS group have had Audits.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>For Annual Reports and Audits: <a href="https://www.wolverinehs.org/about/accreditation-compliance/">https://www.wolverinehs.org/about/accreditation-compliance/</a></p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews, emails, Audit Reports, and other documentation showing the dates, details, and publication of PREA Audit Final Reports.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	no
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	no
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	no
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes



	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes



	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	no
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes



<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes



	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required 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, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	no
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	no
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	no
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	no
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	no

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	no
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	no
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes



<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes



	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

An Audit was conducted last year at Vassar House for PREA. Due to the facility not having children at the time the Corrective Action Plan was due, the facility was not able to be in full compliance. Vassar House will begin taking placement of youth on 12/1/23 and will have an audit completed to enter into full compliance by 12/2024. Vassar House is committed to following the corrective action plan in place to ensure PREA compliance.