

PREA Facility Audit Report: Final

Name of Facility: Vassar House

Facility Type: Juvenile

Date Interim Report Submitted: 03/27/2025

Date Final Report Submitted: 10/30/2025

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"/>
Auditor Full Name as Signed: Bridgette Michelle Collins	Date of Signature: 10/30/2025

AUDITOR INFORMATION	
Auditor name:	Collins, Bridgette
Email:	confinementsafety@gmail.com
Start Date of On-Site Audit:	02/10/2025
End Date of On-Site Audit:	02/11/2025

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

Primary Contact

Name:	Keisha Taylor
Email Address:	taylorlork@wolverinehs.org
Telephone Number:	9897147802

Superintendent/Director/Administrator	
Name:	Keisha Taylor
Email Address:	taylorlork@wolverinehs.org
Telephone Number:	9897147802

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Angelina Schillinger
Email Address:	schillingera@wolverinehs.org
Telephone Number:	9898638551

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	8
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Womens/girls

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-17
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with residents:	34
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Judith Fischer Wollack
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Email Address:	wollackj@wolverinehs.org
Telephone Number:	313-824-4400

Agency-Wide PREA Coordinator Information			
Name:	Keisha Taylor	Email Address:	taylor@wolverinehs.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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:

26

Number of standards not met:

17	<ul style="list-style-type: none"> • 115.322 - Policies to ensure referrals of allegations for investigations • 115.333 - Resident education • 115.342 - Placement of residents • 115.351 - Resident reporting • 115.364 - Staff first responder duties • 115.367 - Agency protection against retaliation • 115.368 - Post-allegation protective
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custody

- 115.371 - Criminal and administrative agency investigations
- 115.373 - Reporting to residents
- 115.377 - Corrective action for contractors and volunteers
- 115.378 - Interventions and disciplinary sanctions for residents
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 - Sexual abuse incident reviews
- 115.387 - Data collection
- 115.388 - Data review for corrective action
- 115.389 - Data storage, publication, and destruction

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-10
2. End date of the onsite portion of the audit:	2025-02-11

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:	<p>The auditor reached out to the local advocacy center and was told that the person who signed the MOU would be given a message to return my call. As of this report, no return call was received.</p> <p>The auditor reached out to the local hospital to ask general questions about processes but was quickly told that they couldn't answer any questions and transferred me to a general voicemail box. As of this report, no return call was received.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	5

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>6</p>
<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>0</p>
<p>27. 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:</p>	<p>0</p>
<p>28. 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:</p>	<p>0</p>

<p>29. 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:</p>	<p>0</p>
<p>30. 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:</p>	<p>0</p>
<p>31. 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:</p>	<p>0</p>
<p>32. 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:</p>	<p>0</p>
<p>33. 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:</p>	<p>0</p>
<p>34. 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:</p>	<p>0</p>
<p>35. 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):</p>	<p>There were 6 youth in custody the first day of the onsite portion of the audit and all were interviewed. None of the youth, nor the staff reported as being a part of the vulnerable populations as defined by the PREA standards.</p> <p>The facility has more than enough space to house youth in different classifications, however at that time, all were housed together.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	32
37. 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:	0
38. 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:	0
39. 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:	The auditor was able to interview any staff that worked the two days of the onsite portion of the audit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>I interviewed every resident in custody since there were only 6. During the interview process, I did document their ages, race, ethnicity and length of time in the facility. The facility is a juvenile girls facility so there was no need to collect gender information and no one identified as transgender, intersex or transitioning. Very little of the physical plant is actually in use. There are 5 dormitory areas but only one of them is currently housing youth in custody.</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I interviewed every resident in custody since there were only 6. During the interview process, I did document their ages, race, ethnicity and length of time in the facility. The facility is a juvenile girls facility so there was no need to collect gender information and no one identified as transgender, intersex or transitioning. Very little of the physical plant is actually in use. There are 5 dormitory areas but only one of them is currently housing youth in custody.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

44. 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):

For a juvenile facility with a capacity up to 50, there should have been at least 10 total interviews with 5 being random and 5 being targeted interviews. The facility only had 6 youth in custody so everyone was interviewed.

Only one youth talked about filing a grievance of alleged sexual harassment by a peer. She stated that she didn't report it immediately because she initially thought it was a joke but she began to feel uncomfortable. Per her report, it took 3-4 days for a staff person to respond. This same youth admitted that her therapist was aware of previous molestation in her home but it was not reported at intake. Five of the six youth reported that there was a sexually inappropriate youth in custody who was intentionally doing things to try and entice male staff such as going without undergarments, lifting her shirt and trying to make staff bump into her. They stated that the youth was doing (SAO) sexually acting out by forgetting her towel when showering and not responding when a bathroom check is called to make sure no one is using the facilities. The overarching theme from the youth was that staff were not being proactive and disregarding their complaints. They felt that since the behavior of the youth was not stopped, there must not have been any consequence from the grievance filed. Ironically, the only youth without a complaint was the one whom the others alleged was the perpetrator.

This information was reported to the staff at that time by the auditor and was instructed that it needed to be investigated and addressed. However because the staff turnover happened in the midst of the corrective action period and the auditor wasn't aware initially, the outcome was never provided. Current staff were not able to provide any documentation from this event that would have taken place in February of 2025.

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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.
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).	All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.

<p>48. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>49. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>50. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>51. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>52. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>53. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>54. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>55. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>56. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>All of the youth in custody were interviewed. They were asked specifically by the auditor if they identified with any of the vulnerable populations to which they all declined.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I interviewed all staff that were working between 2/10-2/11/25, including day, afternoon and midnight shifts.</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor conducted interviews with all staff that were working on the days of the onsite portion of the audit due to the size of the facility and that being an obtainable goal.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The issue was not that it wasn't possible, it was that the Agency Head had just begun employment and was not prepared to answer questions at the time of the onsite portion of the audit. There had been lots of turnover in the last 12 months so they were attempting to establish a baseline and go from there. The Agency Head was present for both days of the onsite audit and was interactive throughout that time. In between interviews or other information gathering sessions, we discussed the areas with deficiencies that needed to be prioritized. She was extremely understanding and knew that this was going to be a work in progress. Her expectations were realistic and she stated that she was grateful to soon have a tangible starting point for getting them organized.</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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)</p>

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>Because this was the first audit for this facility since it reopened, they had not yet established definitive assignments of duties so many positions were cross-trained to meet the need. Based on their understanding of PREA the organizational chart was to be revamped as they misunderstood the different roles.</p> <p>The facility is small so there is not a lot of departmentalization therefore persons may be random interviewees but also first responders because those are one in the same based on job descriptions. There are no true random staff because they all wear different hats.</p>

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.

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>72. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>73. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was able to follow the schedule of the youth with movement throughout the day to see the processes in live time. There was no area or documentation that was restricted. The staff were very forthcoming and honest about what they knew and understood versus information to still be learned.</p>
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Documentation Sampling

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>77. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Most of the documentation came after the onsite portion of the audit and then following the corrective action period. This is because the person who did the initial document upload into the Online audit system (OAS), wasn't really sure what to upload.</p>
<p align="center">SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>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.</p>	

79. 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
Inmate-on-inmate sexual abuse	X	X	X	X
Staff-on-inmate sexual abuse	X	X	X	X
Total	X	X	X	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were discrepancies throughout the audit process and current staff could not provide actual investigation files that would have allowed the auditor to review the conclusions for accuracy. Documentation provided was either incomplete, excel spreadsheets with no files or could not be found at all.

The auditor is unable to confirm or deny any allegations that have taken place within the agency.

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X
Total	X	X	X	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were discrepancies throughout the audit process and current staff could not provide actual investigation files that would have allowed the auditor to review the conclusions for accuracy. Documentation provided was either incomplete, excel spreadsheets with no files or could not be found at all.
The auditor is unable to confirm or deny any allegations that have taken place within the agency.

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.

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	X	X	X	X
Staff-on-inmate sexual abuse	X	X	X	X
Total	X	X	X	X

<p>You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.</p>	<p>The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.</p>
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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.

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

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

<p>You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.</p>	<p>The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.</p>
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84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X
Total	X	X	X	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>The auditor was never able to distinguish if the initially reported PREA investigations were Abuse and/or Harassment. In one standard, the answer was that there had been 10 reports between February 2024 and February 2025 but nothing was uploaded. In a different standard, the answer was that there was 1 sexual abuse investigation however, no documentation was presented.</p> <p>At both the onsite audit and during the corrective action period, no documentation was provided despite the request. Currently the staff are saying that they are unable to provide any documentation because they are unable to find what was referenced during the OAS upload.</p> <p>The auditor did receive a grid that shows 8 investigations from 12/22/23 through 8/3/24 that share the type of allegation and the status. Seven of the allegations were listed as Youth on Youth sexual harassment and the eighth was staff on youth. Six of the youth on youth allegations were unfounded and one was unsubstantiated. The staff on youth harassment was unsubstantiated. No actual investigation paperwork was received for the auditor to review for accuracy. It still does not account for the information uploaded in OAS initially.</p>
<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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 harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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 harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility failed to provide investigation documentation as requested throughout the process. The only thing the auditor received was a grid of allegations that were investigated but it did not match the initial OAS upload of cases and the auditor never received the actual investigation files.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>102. 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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

Non-certified Support Staff

103. 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.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Wolverine Human Services is the parent company of the Vassar House which is a female juvenile facility. The auditor was provided with a copy of the PREA policy: WHS Prison Rape Elimination Act for residential programs. This is a 15 page document that was last reviewed/revised on 09/14/2023.</p> <p>The document is broken down into multiple sections including entitled "Prevention of Resident Sexual Assault" and "Standard Operating Procedure". Within each section are subsections that provide the expectations as spelled out by the standards including:</p> <ul style="list-style-type: none"> • Definitions • PREA Education for Youth • Youth Assessment • Staff Training • Staff Supervision

- Youth Response to Sexual Assault
- Staff Response to Sexual Assault
- Alternate Housing Placement of Victims and Perpetrators
- Investigation Protocols
- Independent Audits and Facility Monitoring and Reporting
- Exhaustion of Administrative Remedies

The policy specifically states that the facility youth orientation process must occur within 72 hours of intake and must provide information on the zero-tolerance policy, self-protections, reporting procedures, treatment and counseling, retaliation protections, risks and consequences for sexual engagement and disciplinary action for false allegations. The information is to be provided verbally and in writing. There must also be accommodations for language differences, deaf, blind or otherwise disabled persons. It is also a requirement that the full in depth PREA education must take place within 10 days of intake.

Currently Vassar House has undergone a change in personnel. The previous PREA Compliance Manager/Director of Juvenile Justice separated from employment a couple weeks prior to the onsite portion of the PREA audit. There is a PREA Coordinator/Lead Supervisor specific to Vassar House that was present and able to be interviewed and share the PREA processes as he knew them to be true. A copy of the facilities organizational chart was provided with titles and names (where applicable).

Wolverine Human Services employs another PREA Coordinator who will be on the Organizational Chart for the Clarence Fisher House. That PREA Audit is scheduled to be conducted 9/22/25. Both facilities share the same PREA Compliance Manager/ Director of Juvenile Justice.

It should be noted that the facility just reopened in 2024 and because of this, they are still establishing a foundation for its operation and all of the roles for the different positions. It was obvious to the auditor during the onsite portion that they are eager to learn and ensure the sexual safety of anyone in their custody including the staff.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There is a contract between the State of Michigan Department of Health and Human

	<p>Services (MDHHS) and Wolverine Human Services. However based on the language, they are the contracted and not the contractor, therefore this standard is not applicable to them. However the completion of the PREA audit is their compliance, per the contract.</p> <p>Contract Number: MA 210000000340; Amendment Number: 2, Section M provides specific language about Wolverine Human Services requirement to be PREA compliant through the participation of an Audit. It also states that an action step to tracking progress towards achieving the goal of supporting youth to live in the community successfully and assess success of services, MDHHS will monitor a set of performance indicators including PREA audit and monitoring among other factors.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The PREA Policy provides the organizational structure for 3 roles, PREA Coordinator, PREA Compliance Manager (PCM) and the Qualified PREA Investigator. For each of these positions, the minimum qualifications and primary responsibilities are listed.</p> <p>The staffing plan provided to the auditor is a 6 page types document that has the signatures of the PREA Compliance Manager, Facility Director/Designee and PREA Juvenile Coordinator along with the date of 11/5/24. The document provides basic physical plant information as well as capacity demographics and the agencies License Number. There are 9 specific areas with a question regarding how this facility will utilize staffing to ensure the safety and security of the institution.</p> <p>The PREA standards require a ration of 1:8 during waking hours and 1:16 during sleeping hours. Wolverine Human Services requires a ratio of 1:3 with direct observation staff and youth during waking hours and a ratio of 1:6 with direct observation staff and youth during sleeping hours. The youth are to always be within direct line-of-sight by staff.</p> <p>The Federal Standards state that only security staff shall be included in these ratios however there are provisions that allow for staff not usually viewed as security staff to meet the criteria. These staff should have completed appropriate training which may include but not limited to supervision and control of delinquent youth, verbal de-escalation techniques, age-appropriate defensive tactics and crisis intervention. Vassar House's specific staffing plan provides a caveat wherein non-security staff can be counted in the ratios but only when they are in direct observation of the youth and have been trained in crisis intervention, PREA, and first aid. Staff that do not meet this criteria cannot be counted as a direct observer..</p> <p>There are cameras throughout the facility, however there is no live monitoring. All footage is recorded for the purpose of play-back.</p>

	<p>The staffing plan states that it is the expectation to always be in compliance except for limited and discrete exigent circumstances. It is also expected that any deviations will be fully documented. The auditor was not provided any documentation of deviations from the staffing plan, therefore it is assumed that the previous 12 months have been fully compliant.</p> <p>The auditor was also provided with a copy of the staffing plan from CY2023, with signatures of the employees who were in that role at that time. This provides documentation proof that they are reviewing and updating the document at least annually.</p> <p>The auditor was onsite 2/10/25 and 2/11/25. The population was a total of 6 on those days and the staffing plan as written was being followed. There was always at least 2 staff present in the space with the youth whether they were in the dorms, cafeteria or in a classroom.</p> <p>This standard also requires that intermediate level or higher level supervisors conduct and document unannounced rounds as a deterrence and for identification of staff sexual abuse and sexual harassment. It must be written in policy and practiced on all shifts. Furthermore, it must be the practice that staff are prohibited from alerting staff members during these rounds.</p> <p>The PREA Policy specifically states that supervisors will conduct unannounced rounds to ensure and verify compliance with this standard. It also has the language prohibiting alerting staff. During the interviews with security supervisors, it was confirmed that they are required to conduct the rounds, document them and not alert staff of their schedule. They communicated and it is written in the policy that the rounds are completed at least once per shift per housing unit. It is to be documented on appropriate shift rounds paperwork..</p> <p>The facility has 3 different shifts, 6a-2:30p, 2p-10:30p and 10p-6:30a. The auditor was provided a copy of the unannounced rounds documentation for a time period that intermittently spanned 12/27/2023 until 12/23/24. The forms were broken down into shifts, provides dates, times, units and observations of what the youth were doing. It also had the name of the staff completing the form and a signature from the lead supervisor.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA policy states that cross gender pat searches, except in exigent circumstances. It stated that clients are searched upon entering the facility and

	<p>prior to exiting the facility. Cross-Gender Strip and Body-cavity searches are prohibited.</p> <p>The Search Procedure policy states that youth will be able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia unless it is exigent circumstances or incidental to routine checks. It is a requirement that if this does take place, it must be documented with an incident report.</p> <p>The PREA policy reiterates the same sentiment as the Search Procedure policy. It also states that staff of the opposite gender entering the sleeping area, bathrooms or housing units overall must announce their presence. On the tour of the facility, the auditor was able to observe staff follow this policy as written. Youth interviews confirmed that they are able to perform these actions without being viewed by male staff. Staff interviews confirmed that this is the expectation for both juvenile facilities of this agency. Staff work interchangeably between the male juvenile facility and the female juvenile facility so whether they were male or female, they expressed what their expectations were when working.</p> <p>After the corrective action period, the auditor received copies of the training documentation for all current staff including an acknowledgement of understanding.</p> <p>The search policy has added the language to define what would constitute an exigent circumstance. The example given was in the event a search is necessary to protect life, prevent escape or mitigate a serious threat, and same gender staff are not immediately available.</p> <p>The policy also states that staff may never search or physically examine a transgender or intersex resident for the sole purpose of determining a client's gender and/or genital status. If gender or genital status is unknown, it may only be determined by conversations with the resident, by reviewing medical records, or if necessary, by acquiring the information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>All searches of transgender and intersex clients must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, and only when justification is provided in writing.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility provided copies of the PREA Orientation Packet in three languages, English, Arabic and Spanish. This would meet the need for literate youth who can

	<p>read one of the aforementioned languages.</p> <p>During interviews with staff, the only secondary language spoken by other staff was Spanish based on their recollection of the past 12 months.</p> <p>Following the corrective action period, the auditor was provided a document entitled 7.2 Language Access Services and Clients with Disabilities. In this document, it provided feedback on interpretation services and how they will be accessed. It states that Wolverine Human Services will not deny or limit services to any individual solely on the basis of a disability. Reasonable accommodations will be provided or arranged as needed.</p> <p>The auditor was also provided a listing of Translator Resources that provided the agency, city, telephone number and languages</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor was provided with a Recruitment, Selection & Deployment Policy that states specifically what the hiring and recruitment procedures are. It states that WHS makes best efforts to ensure that prospective and current employees/ volunteers/contractors and interns will not be hired and/or continue employment if they are listed on the public sex offender registries. Employment requirements include (TB test, driver's license clearance, references, criminal background check, job descriptions, sex offender registry (State of Michigan and Dru Sjodin National Sex Offender Registry), central registry clearance etc). It also states that the Human Resources Department will verify all applicants previous work experience and educational background.</p> <p>The PREA policy states that FBI fingerprint, CPS Central Registry, iCHAT, NICI and National Sex Offender Registry clearances are completed prior to hire and annually thereafter. Any substantiated sexual misconduct history is an automatic disqualifier.</p> <p>The auditor was provided the HR files for all employees in the past 12 months. In the files were copies of time and date stamped forms showing where criminal background checks are being completed annually which is more often than the standards require.</p> <p>The applications that employees filled out prior to hiring had the following specific questions:</p> <ul style="list-style-type: none"> • Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? • Have you been convicted for violation any law (unless specified; all

- convictions are included except minor traffic violations)?
- Are you now, or have you ever been, under discipline for sexual misconduct or sexual harassment with a youth at a previous placement or institution?

The Background document provided by the agency states that applicants or current employees who have a Department of Health and Human Services criminal background or any reported substantiated incidents of sexual harassment/abuse with youth will not be eligible for hire or continued employment. They will be required to re-apply for this clearance every year or sooner if deemed necessary by the Agency. It also states that Applicants must completely disclose, prior to hire and after hire any criminal convictions or pending felony charges. Applicants with a criminal conviction will be carefully reviewed and an assessment will be made by the Human Resource Department.

Following the corrective action period, the policy was updated to have the same requirements in place for sub-contractors as well as the coordination of volunteers.

In addition, language was added to reflect that the agency is prohibited from hiring any individual with a sexual assault history as an employee or sub-contractor as well as a volunteer. This includes any individual who has engaged in, been convicted of, or has been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. The method of engagement was also addressed including force, overt or implied threats of force, coercion or any sexual actions against a victim who did not consent or who was unable to consent or refuse.

It is the expectation that any applicant, prospective sub-contractor or volunteer who has made material omission regarding such misconduct, or who has provided materially false information will not be offered employment or access to the population.

The policy now states that unless prohibited by Law, the agency shall 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.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard is non-applicable as there has been no acquiring of a new facility or expansion of the current physical plant. Also there have been no new technology installed.

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 1375">The auditor was provided a copy of the PREA Policy which specifically states that "If it is believed or determined that a sexual assault occurred and that the alleged sexual assault occurred within the last 96 hours, the facility director or designee must make immediate arrangements to transport the youth to Saginaw Covenant Hospital for a forensic examination and the area where the incident occurred must be secured for evidence collection. If it is believed or determined that a sexual assault occurred more than 96 hours previous, the emergency room will be contacted for further instructions." It then states that, "Following emergency response and completion of the rape kit (if applicable) a youth believed or determined to have been the victim of a sexual assault must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred. Victims and perpetrators of a substantiated sexual assault must be encouraged to complete medical testing for sexually-transmitted diseases. If the perpetrator will not voluntarily undergo testing, the facility Director or designee may seek a court order compelling the testing. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. Resident victims of sexual abuse must be 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. Female victims of sexually abusive vaginal penetration must be offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. All medical and counseling services will be provided at no charge to the victim."</p> <p data-bbox="280 1460 1481 1742">The auditor received a copy of a Memorandum of Understanding (MOU) between Wolverine Human Services and The Child Advocacy Center of Tuscola County. The MOU is specific to the language following an allegation of sexual abuse and the protocols to be followed by both agencies including follow up treatment and referrals to victim advocacy. It is a 2 page document with signatures from representatives of both agencies with signatures spanning the dates of 6/18/25 and 7/2/25. Per the MOU, it is valid from 7/1/25 through 6/30/27.</p> <p data-bbox="280 1783 1455 1818">The auditor reviewed the webpage of the Child Advocacy Center of Tuscola County</p> <p data-bbox="280 1859 1455 2011">The PREA policy specifically states that Forensic medical exams will be completed within 24 hours at a local hospital (Covenant Medical, Caro, Hurley Hospital). Medical follow-up services will be scheduled within 30 days or as recommended by the medical professional.</p> <p data-bbox="280 2051 1481 2087">Initially, the answers for this standard were that Wolverine would be responsible for</p>

	<p>both administrative and criminal investigations. That has since been updated to show that only administrative investigations will be completed by the agency. Any allegations that are potentially criminal in nature will be referred to law enforcement.</p> <p>The auditor was provided with the Wolverine PREA Coordinated Response Plan that was written to have relevance to youth safety. It provides step by step instructions based on the position held by the person involved including:</p> <ol style="list-style-type: none"> 1. First Responder Actions 2. Supervision/Administration 3. Facility/Center Director or Designee 4. Medical & Mental Health Providers 5. Investigators
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>It is important to note that the staff who began the PREA audit and the staff who finished it were not the same including management. This complicated the process tremendously because the agency no longer had access to OAS and therefore could not see the documentation that was originally provided as proof of compliance with the standard. The auditor provided copies of documentation in an effort to help them recognize what was being presented to see if it was still valid or not.</p> <p>Prior to the beginning of the corrective action period and based on the responses entered into OAS by the agency, there were 10 PREA investigations over the past 12 months but the auditor was never provided copies of them. All documentation as well as feedback regarding referrals to law enforcement were requested in the interim report but never received.</p> <p>Upon conclusion of the corrective action period, the auditor was made aware that the current staff were unable to locate documentation pertaining to the 10 investigations that were mentioned at the start of the audit. The auditor did receive documentation on an investigation that took place on 7/25/25. The auditor also received a grid with 8 allegations that took place between 2023 and 2024 but there was no accompanying documentation to confirm the facts about the cases.</p> <p>There was no documentation provided that showed an agreement between law enforcement and Vassar House for the investigation of criminal allegations and each agency's respective expectations. The policy was the standards retyped.</p>

There are drop boxes located throughout the agency as well as on the wall in each unit to report any form of sexual abuse. Anonymous reporting is an option. Reports can be made to the onsite PREA coordinator regarding staff.

All grievances are acknowledged within 24-48 hours and each complaint requiring investigation will be resolved within 45 days.

The PREA policy provided used the same exact language as the PREA standards. Here are the steps to be taken for the following types of allegations.

Substantiation of an allegation will be based on an evidentiary standard no higher than a preponderance of the evidence. Based on the results of the investigation, facility personnel and prosecuting authorities will meet to determine if prosecution is appropriate.

Suspected or alleged youth-on-youth sexual assault:

- a. The victim and alleged perpetrator must be separated, kept isolated from each other, and prevented from communicating.
- b. All reporting must occur as listed in Section F of this policy.
- c. If the assault is alleged to have occurred within the past 96 hours, the victim must be transported to Saginaw Covenant Hospital for a forensic examination. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions.
- d. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence.
- e. The area where the suspected assault took place is sealed off until qualified investigators can gather evidence. Note: Staff or medical personnel can enter the area if it is necessary to ensure youth safety, for example if a victim needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.
- f. Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must be requested not to shower, brush teeth, eat, drink, urinate, defecate, or change clothing before being transported to the hospital. The alleged perpetrator must be prohibited from showering, change clothing, eating, drinking, urination, defecation, or brush teeth.
- g. Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to inform further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc.
- h. Staff must submit an Incident Report before the end of their shift. Incident Reports must contain all facts as known, including the victim's statement of allegation in the victim's own words. Incident Reports must not express the writer's opinion.
- i. Staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the facility,

with persons other than Supervision/Management, investigators, and prosecuting officials.

Suspected or alleged staff-on-youth sexual activity of any type:

a. The facility Director must be immediately notified. The facility Director or designee will make all required notifications, including notification to the police to open an investigation and notification to the suspected employee restricting work activities.

b. Pending notification from the Director or designee, the suspected employee must not be in direct contact with facility residents.

c. The alleged victim is transported for a forensic examination and evidence is protected using the same procedures as listed in items c through g in above if/as applicable

d. If it is found/proven that an employee participated in behaviors prohibited by the PREA Policy it could be cause for immediate termination from employment with the facility. Dismissal is the presumptive discipline for staff upon a finding that they engaged in sexual abuse of a youth.

e. All terminations, resignations, and staff who would have been terminated if not their resignation for violations of the PREA Policy, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Any other intentional youth-on-youth sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a resident of another resident, with or without the latter's consent) and/or alleged or suspected youth-on-youth sexually abusive contact:

a. If reported by youth, observed, or suspected, staff must alert the supervisor or administration if the supervisor is not available. The supervisor or administration must ensure that staff document information in an Incident Report and must ensure the youth safety is restored or maintained.

b. The supervisor is required to call administration.

c. Alleged, or suspected incidents of youth-on-youth sexually abusive contact are investigated internally by personnel that have received specialized training in conducted administrative investigations of sexual abuse and sexual harassment allegations. The supervisor or administration must notify the trained investigator to schedule an internal investigation. The facility Director or designee is required to contact the police department with allegations of sexual abuse or harassment unless they all do not involve potentially criminal behavior based on the results of the internal investigation.

d. The facility Director or designee makes required notifications.

	<p>e. Note: Wolverine Human Services prohibits all sexual activity between residents. Sexual activity is NOT deemed sexual assault IF the activity was not coerced.</p> <p>A sexual abuse incident review must be conducted at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. The sexual abuse incident review team must include at a minimum an upper level Administrator, and a supervisor. The review will occur within 30 days of the conclusion of the investigation. The review team must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention. Recommendations must be implemented or the reason(s) if not implemented must be documented.</p> <p>During staff interviews, they were able to confirm that an investigation is to take place.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency provided four documents as evidence of staff training and education. One was a 27 page National PREA Resource Center Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities by Shannan Wilber and Jason Szanyi. It provides factual information about the expectations and has a questionnaire at the end that requires staff signature and date of completion.</p> <p>The second document was a 23 page Wolverine Human Services Employee Orientation. This document has the PREA policy included as well as a section on red flags.</p> <p>The auditor was provided a copy of a document on Boundaries. It is a two page pdf that defines boundaries, and distinguishes boundary crossing, violations and dual relationships.</p> <p>The actual PREA curriculum for training was provided to the auditor. It is a 20 slideshow PowerPoint that provides feedback on the following topics:</p>

- Defining sexual behaviors
- Rights of Clients and Staff
- PREA Policy and Reporting Procedures
- PREA Allegation Responses
- Video Education for Youth
- Mandatory Report Expectations
- Client Supervision
- Red Flags or Signs of Abuse
- Incident Report Completion
- Cross Gender Entry or Viewing
- Pat Down Searches
- Boundaries
- Youth identified as vulnerable
- Off Site Interviews
- Prevention Planning

It should be noted that the staff at Vassar House may also work with neighboring agency Clarence Fisher House which is a juvenile male facility. Therefore staff are trained based on being the same sex and as opposite sex staff.

The staff training and orientation are the same document provided at different points of employment. It is considered orientation at hire and training after employment has been established. The PREA policy states that every employee attends an 8-hour instructor-led orientation at their time of hire. A 4-hour in-person refresher training is required annually, in addition to a 4-hour online training.

During staff interviews, it was confirmed that staff receive PREA training at hire and annually. Based on the statements given, the training is more frequent than the required once/year.

Following the corrective action period, the auditor was provided a copy of the signed and dated acknowledgements of PREA training for current staff. There was also a PREA Training Post-Test administered to staff.

Volunteers and Contractors must attend a 2-hour PREA Briefing prior to working with the clients.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA policy states that staff, contractors and volunteers that have been trained but later transfer or work at a facility housing a different gender, will require additional gender-specific training. It also states that each contractor or volunteer

	<p>must attend a 2-hour PREA briefing prior to working with the clients. It is stated that this PREA briefing is the same training that is provided to the staff.</p> <p>The policy has all the language found in this standard in place. Because there are currently no volunteers or contractor files to audit, the policy will suffice.</p> <p>The auditor requested a copy of a training acknowledgement for volunteers and contractors but it was not received. The auditor is uncertain if the document exists or if the volunteers and contractors will sign the forms used by employees.</p>
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115.333	Resident education
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The auditor was provided with a copy of the Wolverine Human Service Preventing Sexual Assault Client Orientation Packet. On page 5 of the document is a signature sheet that requires the signature and date for both the youth being informed and the staff providing the educations. There is a place for a witness to sign if the youth refuses to do so. It also has a place to designate which site it is relevant to, whether it was an after-hours admission and if there are any additional comments necessary.</p> <p>It is the expectation that verbal and written education will occur within 10 hours of admission and a comprehensive PREA class within 10 days.</p> <p>There is a JJ Residential Youth Orientation Checklist that provides an itemized listing of required practices/procedure on two pages with an accompanying signature and date for the staff and the youth.</p> <p>The intake orientation packet has been translated into Spanish and Arabic. Laminated, brightly colored PREA posters in both English and Spanish were visible throughout the facility on display in both common and secure areas.</p> <p>Originally the auditor only received the blank copies of the forms but following the corrective action period, signed and dated documents from youth over the past 12 months was provided.</p> <p>Following the corrective action period, the auditor was provided documentation that states if a youth does not understand the information as written, staff would verbally review the content with the client. Wolverine will use technology to translate the orientation packet to any necessary language. All documentation can be translated as needed.</p> <p>The PREA policy states that youth must be provided with comprehensive PREA education within 10 days of intake. The auditor requested a copy of the curriculum used as referenced but did not receive it.</p> <p>The PREA policy was updated to say "In the event a client's disability, such as being</p>

	<p>deaf, visually impaired or otherwise disabled, a qualified outside source will be brought to the facility to interpret the information in the appropriate manner. This information was added at the end of the corrective action period, therefore it has not yet been presented to staff for review and acknowledgement. Furthermore the addition of this language does not provide information as to how this will be accomplished. It is simply an addition of the standard language being added to the policy.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Initially the standards were answered stating that the agency would be responsible for both administrative and criminal investigations. Following the corrective action period, it was determined that only administrative investigations would be the responsibility of the facility staff. Even in that instance, the PREA Coordinator/ Investigator has completed multiple trainings that would be applicable in a criminal investigation but not within the scope of her duties.</p> <p>The PREA policy states that Wolverine Human Services will provide the designated PREA Investigator with training to address:</p> <ul style="list-style-type: none"> • Interviewing youth who are alleged victims of sexual abuse • Proper use of Miranda and Garrity warnings • Sexual abuse evidence collection in a confinement setting • Criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>It is also stated that the facility must retain certificates of completion in each investigator's personnel file as proof of the training requirements.</p> <p>Following the corrective action period, the auditor was provided with a copy of the the National Institute of Corrections E-Learning Course Curriculum for PREA related trainings. This document provided a summation of what was to be learned and the estimated duration. It also provided specify PREA standard expectations that are addressed in that training.</p>

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>The initial responses to the PREA audit provided incorrect information. Wolverine does not employ medical staff, however there are two full-time mental health staff.</p> <p>Sexual Assault Nurses Exams will be conducted by a medical professional at a local hospital and not by Wolverine Staff, therefore this portion of the standard is not applicable.</p> <p>Wolverine Human Services contracts with Telehealth for all psychiatric services.</p> <p>Following the corrective action period, the auditor was provided a copy of the National Institute of Corrections E-Learning Course Curriculum that provided a summary of all the trainings regarding PREA for Medical and Mental Health Practitioners. It included the estimated duration and which PREA standard the specific training will discuss.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This agency is utilizing the Michigan Department of Health and Human Services Prison Rape Elimination Act (PREA) Screening Tool. The screen is conducted by the PREA Coordinator, or designee. The form can only be viewed by staff assigned to client's case and are kept in Salesforce as an electronic record. All staff sign a confidentiality agreement that states disciplinary actions will be based on HR guidelines.</p> <p>At the top of the form it explicitly states that "Youth do not need to answer these questions and should not be pressured to respond. A youth should always be given the opportunity to participate or choose not to." There is also language about the sensitive nature of the questions being asked that the assessment must be completed in a respectful, non-judgmental manner.</p> <p>It also requires that the information from the SOGIE should not be shared in writing or verbally beyond what is necessary to maintain the safety of the youth and to make assignments to meet their specific needs.</p> <p>The screening tool has 1.5 pages that are dedicated to staff observations and case record review. At the bottom of the form, the screener's name, title, signature and date are captured. There is a place for the Date of Treatment Team or PREA Compliance Manager Review of the Screen.</p> <p>The PREA policy presented has 3 pages dedicated to the requirements of this standard. All of the information can be found in Section B. entitled Youth Assessment from pages 4-6. It specifically states that within 72 hours of arrival and again within 30 days of admission, a resident's potential risk of sexual vulnerability</p>

must be assessed based on the following risk factors:

- Age
- Physical Stature
- Developmental Disability
- Mental Illness
- Sex Offender Status (per offense history)
- First-Time offender status
- History of Victimization
- Physical Disabilities and the resident's own perception of vulnerabilities

Another portion of the evaluation during orientation looks to see if the youth is prone to victimize other youth based on the following risk factors:

- History of sexually aggressive behavior
- History of violence as related to a sexual offense
- Anti-social attitudes indicative of sexually aggressive behavior
- If the risk screening indicates that the residents has been a victim of sexual abuse or has committed sexual abuse, the resident will be examined by a medical or mental health provider within 14days of the completed assessment.

The facility will use the information from the assessments to make decisions about housing, bed, program, education and work assignments with the goal of keeping residents safe and free from sexual abuse. This information must be documented to show how the assessment was used forming the decision.

It is also the expectation that placement and programming assignments are reviewed at least twice yearly to assess any threats to safety that has been experienced by the student.

Following the corrective action period, the auditor was provided with the PREA Screening Tools for all youth who were in custody the previous 12 months until today. In section 4, staff observations and case record review information is aggregated to determine if there is a safety impact based on the facts as they are known to determine housing and programming decisions.

115.342	Placement of residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	Youth are sentenced to Vassar House (female) or Clarence Fisher House (male) by the courts. This means that the decision of which facility is best for them based on being transgender or intersex is a decision made by the criminal justice system.

Wolverine does not have the authority to change placement for youth as they are court ordered to a specific program.

The PREA policy states that all information obtained must be used to make housing, bed, program, education and work assignments for the residents with the goal of keeping residents safe and free from sexual abuse.

The policy continues to say that youth may only be isolated from other youth as a preventative and protective measure and only as a last resort wherein other less restrictive measures would prove to be inadequate for safety purposes. Even with that, it is only to be used until an alternate means of providing safety can be arranged.

During those periods of protective isolation, staff may not deny a youth access to daily large-muscle exercise, legally-required educational programming or special education services. Youth in isolation must also receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible.

As of this report, the facility reports that no youth have been placed in isolation the past 12 months, therefore no documentation was presented to show that policy is being followed. The policy states that protective custody is limited to less than 24 hours, subject to case review and supervisory approval.

However, in the final report from staff, it is written that youth are not placed in isolation despite what the policy says. Therefore the auditor cannot confirm or deny how this standard is to be viewed.

For youth who identify as being Lesbian, gay, bisexual, transgender or intersex (LGBTI), there are policies in place to ensure they are not housed solely based on such identification or status. It also states that decisions about placement for transgender or intersex youth placement will be done on a case-by-case basis with the youth's views taken into account. Placement decisions are reviewed at least twice per year to assess any threats to safety. Placement decisions for LGBTIQ+ youth are individualized and prioritize safety.

Transgender and Intersex youth are given the opportunity to shower separately.

A youth must not be considered more likely to perpetrate sexual abuse solely based on LGBTI identity.

During the onsite portion of the audit, it was verified that the residents are only allowed to use the restroom/shower facilities one at a time regardless of whether they are transgender or intersex. When a youth is using the facilities, there is a female staff who monitors the entrance/exit to ensure no secondary youth enter the space. It is also a requirement that the youth announce their plan to enter the restrooms/showers and if it is in use, the other youth notify them to wait.

The auditor was able to ask staff if any of the current residents identified as LGBTI and the answer was that it depended on the day. The youth have a habit of going

	back and forth about their sexual identity and preferences. Through all of it, all the youth in custody were housed together.
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115.351	Resident reporting
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>Originally it was presented that the agency had a Memorandum of Agreement with Michigan Department of Human Services but that has since been corrected to reflect that this is not true. Therefore the reference to a relationship with this organization is no longer valid.</p> <p>The policy states that youth may report allegations of sexual abuse or sexual harassment including retaliation for reporting verbally, in writing or through a grievance.</p> <p>While onsite, the auditor saw signs with educational information regarding PREA and how to make reports. The signs were on brightly colored papers and most were laminated to ensure they remain intact.</p> <p>Interviews with staff confirmed that they will immediately notify their supervisor if they are made aware of any PREA allegations, reports of retaliation or concern that staff dereliction of duty may have contributed to an event happening.</p> <p>Youth that were interviewed stated that they have made reports in writing using the grievance or just telling staff verbally. They know multiple methods to get an investigation launched.</p> <p>The portion of the standard regarding residents being detained solely for civil immigration purposes does not apply. Vassar House does not house undocumented immigrants.</p> <p>Youth and their families have the right to file a Recipients Rights Form grievance without interference or retaliation. The forms can be found in all units, cabins and facilities operated under Wolverine Human Services. They have the right to timely written notification of the resolution and an explanation on any further appeal, rights or recourse. There will be at least one level of review that does not involve the person for whom the complaint is being made. Also the youth or their family have the right to be heard by the delegated person who has reviewing responsibility.</p> <p>Following the corrective action period, the auditor was provided with a copy of the PREA Grievance & Third-Party Reporting Form. This is a 3-page document that asks specifically who is completing the form, what is the information to be conveyed, if there are any witnesses, if reports have been made, what outcomes they are</p>

	<p>seeking and a signature and date. It does state that if submitting anonymously, leave the signature blank. It says that the youth can submit this form either by handing it to any staff member, PREA Coordinator or drop it in a confidential grievance box. Youth will be given writing tools and the proper grievance forms to complete and place in the grievance lock box.</p> <p>There is a confidentiality notice that states their privacy and safety will be protected and that retaliation is strictly prohibited.</p> <p>The PREA policy states that staff receiving any type of PREA report must immediately report the information to the Facility Director or manager-level designee. The auditor pointed out that there was a need to require that any verbal allegations reported be put in writing by the staff to whom it was said because the comment box of the OAS upload said it must be done prior to the end of the shift but it wasn't in the policy. Also during the staff interviews, staff were not able to confirm that they understood this to be an expectation. Some of them said they "probably should" put it in writing but were not sure.</p> <p>At the end of the corrective action period, the language requiring verbal reports be put in writing is not present.</p> <p>Section (e) expects there to be a method for staff to report PREA allegations privately. The agency referred to the statement that all staff must immediately report allegations to an immediate supervisor, however there is no language about doing so privately.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Vassar House has administrative procedures to address resident grievances regarding sexual abuse. PREA policy states that a grievance alleging sexual abuse can be filed at any time regardless of when the incident allegedly occurred. There is no requirement that youth use an informal process for resolving grievances alleging sexual abuse or sexual harassment.</p> <p>Youth are not required to attempt to resolve with staff, an alleged incident of sexual abuse. It is the expectation that a grievance can be submitted without giving it to a staff member who is the subject of the complaint. Also the grievance is not to be referred to the staff member who is the subject of the complaint.</p> <p>Per policy, Vassar House must issue a final decision within 90 calendar days of the initial filing of the grievance. The facility may claim an extension of time to respond of up to 70 calendar days if the normal time period for a response is insufficient to make a decision. If this occurs, the facility must notify the youth and their parent/</p>

guardian in writing of any such extension.

It is the expectation that if a grievance alleging sexual abuse is not responded to at any level of the process, within the time allotted by the policy, the grievance will be denied at that level.

Initially the policy stated that third parties who may assist a youth in filing a grievance for sexual abuse or sexual harassment include fellow youths, family, staff, attorneys and any outside advocates. If a third party other than the parent or guardian files a grievance on behalf of the youth, the facility must request as a condition of processing that the alleged victim agrees to the grievance filed and may also require that the alleged victim pursue any subsequent steps in the remedy process. However if the victim declines, the facility must document that decision.

It has since been updated to state that a parent or legal guardian can file a grievance on behalf of the resident regardless of whether the resident agrees to have the grievance filed on their behalf. The agency does not use victim declination forms, therefore this portion of the standard is not applicable.

If the client/family is not satisfied with the resolution presented by the Recipient Rights Advisor, said party may appeal the resolution in writing, to the Executive Director of Residential Programs. This person has 10 calendar days after receipt to respond. If this is not satisfactory to the parties involved, the client/family will be advised to contact either the Recipient Rights Manager for the States of Michigan Coordinating Agency or the State of Michigan Licensing office, depending on referral source.

The facility reports that in the past 12 months, there have been no sexual abuse grievances that required a response per this standard. Interviews with staff and youth did not produce any knowledge of sexual abuse allegations being made.

Emergency grievances alleging sexual abuse, and/or the imminent threat of sexual abuse must be responded to within 48 hours, and a final agency decision to be issued within 5 days.

As of this report, there were no grievances alleging imminent risk of sexual abuse requiring this process to be completed.

It is the expectation that a youth will not be disciplined for making an allegation of sexual abuse or sexual harassment if unfounded as long as it was based on reasonable belief that the abuse occurred and the allegation was made in good faith. Youth may be subject to disciplinary sanctions only with positive findings that the youth engaged in youth-on-youth sexual abuse. Clients may be subject to disciplinary sanctions for sexual contact with staff only upon findings that the staff member did not consent to such contact.

Clients are cautioned that knowingly making a false allegation against another person is a violation of both facility rules and the law. This means that a client that intentionally lies when accusing someone of sexual assault and/or related sexually

	<p>inappropriate behavior will receive consequences that could include criminal charges.</p> <p>Following the corrective action period, the auditor was provided a copy of the Wolverine Human Services document that can be marked as either a PREA form or Recipient Rights Grievance Form. This is a 2 page document that explains that the youth have certain rights and responsibilities as explained to them during the intake process. The youth is asked to provide the date and time of the incident, their housing unit, their name and their date of birth. There is a large area for them to describe how their rights were violated. There is a space for the youths signature.</p> <p>The second page is the response from the Recipient Rights Advisor. It requires it to be declared where there is a violation or not, date the document was received, date and time they met with the complainant and notes from their investigation. There is also a space for up to 4 person's being interviewed, their position and the date and time of the meeting.</p> <p>At the bottom of the page is a resolution section for the outcome. It requires the signature of an advocate and the youth. It also asks if the youth was provided with appeal information and if any follow up is necessary.</p> <p>The auditor was provided with a Parent/Guardian packet that is 19 pages. Within it, is a place to document that parent/guardians are orientated on the PREA expectations including their printed name, signature and date along with the same from the Wolverine Staff who completed the orientation.</p> <p>The auditor received a copy of the Client Orientation Packet for Preventing Sexual Assault. It is a 9 page document that educates the youth on how to define PREA, how to report, how to keep themselves safe and what to do if victimized. The PREA Screening Tool is the final 5 pages of this document.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Initially the auditor was given a copy of a Memorandum of Understanding between the Agency PREA Coordinator/Compliance Manager, Agency PREA Director and the "CAN Council Great Lakes Bay Region Representative. The document is dated 9/6/19 and it is written that this MOU will remain in effect until terminated by either party.</p> <p>There is a WHS Parent-Caregiver Handbook that was provided to the auditor. It is a 23 page document that was last revised 1/8/24. The topics discussed per the table of contents include</p>

- Contact Information
- Visitation Schedule
- Visitation Rules (Vassar Sites)
- What is Cognitive Behavioral Therapy (CBT)
- Caregivers Role in CBT
- Understanding Teen's Emotions
- Emotion Chart
- Core Skills Sheet
- Grievance Policy and Procedures.

Onsite visitation is available and scheduled routinely, typically bi-weekly. Each month, agency transportation from community pick-up locations is available for off-site (unsupervised) visitation. Offsite visits must be scheduled in advance of the visit date. All arrangements are made through that youths case manager. Visits require preapproval no later than the Tuesday before a weekend visit.

All visits are supervised and there is no preapproval process for visitors, other than the agency allows family members only and refuse visitation for anyone not allowed to visit the youth via the court order. Parents are allowed to visit and proof of ID is required. All youth receive the same visit schedule. This information was provided directly to the auditor but was not written in the PREA policy or any other documentation provided.

Following the corrective action period, the auditor was provided with an updated PREA policy that states that a victim of sexual assault/rape or attempted sexual assault/rape must be provided access to legal representation and/or other support services. The victim will be informed the extent of such communications will be monitored with the outside support services. Prior to giving the victim access to outside support services, of the mandatory reporting rules governing privacy, confidentiality and/or privilege that applies for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law.

Youth are made aware of the limits to confidentiality verbally and access to resources in the client handbook that they receive at intake. This provides reporting methods, information for victim advocacy and about 3rd party reporting.

Youth are assigned legal representation by the courts prior to being referred to Wolverine Human Services. The agency only accepts clients 12-17 years of age, therefore their parent/guardian signs acknowledgement on their behalf. The auditor was provided with a copy of the Parent/Guardian Signature Sheet for PREA Orientation. This document requires both the printed and signed name of the parent/guardian with the date as well as the same for the staff presenting the orientation.

If the client turns 18 while in care, the form previously signed by their guardian will suffice but if they turn 18 and it has been 1 year since intake, they are asked to sign new documents.

	<p>Originally it was reported that the facility had a Memorandum of Agreement (MOA) with CAN Council but due to issues with the document and the inability to verify its current validity, the agency formed a new relationship with the Child Advocacy Center. The auditor was provided a copy of the most recent MOA that was signed by staff of both organizations either on 6/18/25 or 7/2/25. In this document, it expresses the responsibility of both facilities on the next steps following allegations of sexual assault/rape.</p> <p>Previously the auditor only received blank documents as supporting evidence of compliance but has since received signed Client-Agency Rights and Responsibilities forms. The majority were dated for calendar year 2024, a couple from calendar year 2025 and 2023.</p> <p>The auditor was provided with a copy of a case note from 10/19/24 that referenced the youth having a family visit. On this form was the name, date, time and duration of the visit. It also provided the names, relationships and signatures of the visitors. There was also a place for the staff who completed the form to sign. The space for the program manager/clinical supervisor signature was blank.</p> <p>The auditor was also provided completed On-site Visitor Sign-In forms. This is a 1 page document that has the name, date, visitors name and signature as well as their relationship to the client. The document is an acknowledgement and agreeance to abide by the facility rules and guidelines. It also discusses confidentiality and privacy expectations.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Vassar House allows third parties to assist a youth in filing a grievance related to PREA. Third parties, including fellow Clients, staff, family, attorneys, and outside advocates may aid in reporting allegations in person, in writing, or by calling the CPS toll-free phone number. Parents or legal guardians can file a grievance on behalf of the youth regardless of whether the resident agrees to have the grievance filed.</p> <p>PREA information can be found on Wolverine’s website: www.wolverinehs.org. Select "About". Select Accreditation/Compliance. Scroll down to bottom of PREA section, just before Recipients Rights, you will find the statement on how to report.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Policy states that immediate reporting to the supervisor is the expectation for reports of attempted or completed sexual assault or sexual harassment between residents or with staff, contractors, visitors or volunteers. Retaliation or staff negligence must also be reported whether the incident took place at Vassar House or not. If a supervisor is not on duty the staff must contact an administrator who will in turn contact all proper authorities including police, CPS and the Division of Child Welfare Licensing.</p> <p>Following the corrective action period, the auditor was provided a copy of the updated PREA policy which states that Staff members must comply with all rules for mandated reporters as articulated in the Child Protection law and all related Wolverine policies.</p> <p>It goes on to say that staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the facility, with persons other than supervision/management, investigators and prosecuting officials.</p> <p>The training for mental and medical health professionals includes reporting allegations or suspicions of sexual harassment, assault and/or abuse. If a contractor or volunteer suspects sexual abuse, the contractor/volunteer must immediately notify a supervisor.</p> <p>The Facility Director or designee will report allegations of sexual abuse to the alleged victim's attorney within 14-days of receiving the allegation. They are also responsible for ensuring incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the clients court of jurisdiction, the clients case worker and the clients parent or legal guardian.</p> <p>The steps taken from receiving a report of allegations end with investigators being contacted in live time to launch an investigation.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Staff interviews confirmed that if they were made aware of potential imminent risk, they would immediately separate the youth from the alleged perpetrator while keeping a visual on both and notify the supervisor for further instruction. Supervisors stated that a change in housing or education/programming can be made if warranted.</p> <p>Following the corrective action period, the auditor was provided with information on alternate housing placement of victims and perpetrators. It is the expectation that</p>

	<p>the Facility Director or designee must take immediate steps to protect the alleged victim from further potential sexual assault or rape by separating them from the alleged perpetrator. This can be done through arranging separate housing, dining and/or other elements of daily routine to the extent necessary to ensure protection. These same expectations apply to youth believed to be in imminent danger of sexual victimization.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The PREA policy states that if a report of sexual abuse from another facility is made, the Director must report to the other Director specifically within 72hours. It also states that all other applicable reporting requirements still apply.</p> <p>As of this report, there have been no documented reports of allegations to other Facility Directors.</p> <p>Following the corrective action period, the policy was updated to state that Wolverine Human services will disclose information to outside-confinement facilities as directed by court order.</p> <p>If a report is received of sexual abuse from another facility, the Facility Director must report Director-to-Director to the other facility as soon as possible but no later than 72-hours. Any report received (through any reporting method) from another facility alleging abuse that occurred at a Wolverine Facility must be fully investigated.</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The PREA policy has 3 pages specifically dedicated to the expectations of a first responder who has been made aware of sexual abuse allegations within the facility. It requires the alleged victim and alleged perpetrator be separated from each other to prevent communication. If the assault occurred within the past 96 hours, a call will be made to Saginaw Covenant Hospital for further instructions. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence.</p> <p>The area where the assault took place is sealed off until evidence is collected.</p>

There is a caveat that says staff or medical personnel can enter the area if necessary to ensure youth safety (medical attention or first aid prior to transport), but efforts must be made to disturb the area as little as possible.

Both the alleged victim and alleged perpetrator will not be allowed to destroy biological evidence, use the restroom, eat, drink or brush teeth. Staff are not to extensively interview either party, they just gather enough information to identify the event and begin procedural expectations. All staff involved must complete an incident report prior to the end of their shift devoid of opinions. Staff must also refrain from discussing details with anyone other than necessary to maintain safety and security of the facility.

Following the corrective action period, the auditor was provided the necessary documentation to define what is "qualified" for investigative personnel. The identified investigator is also the Recipient Rights and Safety Coordinator. The auditor was provided a copy of the job description and the following summary is listed as being responsible for ensuring compliance with recipient rights and client safety regulations within the juvenile justice system. This role includes overseeing the protection of individual's rights, investigating concerns or complaints and promoting a safe and supportive environment for all clients.

The auditor also received copies of certificates of completion for trainings completed through the National Institute of Corrections on the following topics:

- PREA: Coordinators' Roles and Responsibilities
- PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting
- PREA: Investigating Sexual Abuse in a Confinement Setting
- PREA: Your Role in Responding to Sexual Abuse
- PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting
- PREA 201 for Medical and Mental Health Practitioners
- Micro Learning Bits & Bytes: Understanding PREA

The updated organization chart shows this staff as both the Recipient Rights & Safety Coordinator as well as the PREA Coordinator.

The PREA policy states that all Wolverine Human Services staff are considered first responders. All participate in PREA training and instructed on how to respond to allegations of sexual assault and/or abuse.

The staff who completed the answers to the question in the Online Audit System are not the current staff. There were multiple discrepancies throughout the documentation that could not be clarified or explained by the current staff so the auditor is not able to say whether investigations were completed appropriately based on the PREA standards or the agency's policies.

In a previous question, it was stated that there were 10 PREA incidents. The auditor

	<p>was provided a log that contained 8 unfounded/unsubstantiated allegations for Vassar House that were dated between 12/22/23 and 8/3/24. No supporting documentation was provided to show what the details of the accusations were and how they were investigated to determine the findings.</p> <p>The auditor was provided a PREA data log that showed 2 youth on youth incidents from 1/2/24 and 2/11/24 however there is no way for the auditor to know if this is the same as the ones provided in the aforementioned grid because of the lack of identifying information.</p> <p>In this standard specifically, it states that there was 1 instance of abuse to be investigated. Per the response from current Vassar House employees, no documentation was turned over from the previous employee. Because the burden of proof is on the agency and it could not be provided, this standard is not in compliance.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Following the corrective action period, the auditor was provided a copy of the Wolverine Human Services Sexual Abuse Incident Response Flowchart and Checklist. It is a 3 page document that shows the expected response from the moment the incident is reported. The order to be followed is as written below:</p> <ul style="list-style-type: none"> • Separate the victim and abuser; Ensure safety of victim; Notify On-Call Admin • Secure scene, Preserve biological evidence, contact medical, call law enforcement • Notify PREA Coordinator, Facility Admin/CEO, CPS, Law Enforcement, MDHHS Licensing • Offer SANE exam, complete crisis response & consent, contact advocates • Complete incident report, PREA Tracking Log, Gather Witness statements • Initiate Investigation • Monitor for Retaliation • Follow-Up & Corrective Action

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	This standard is non-applicable as there is no collective bargaining agreement.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The PREA policy states that the PREA Coordinator will track and monitor each case for retaliation for at least 90 days and observations will be documented.</p> <p>Upon review of the updated PREA Policy, it states that a designated facility employee must monitor staff and residents to prevent retaliation for a minimum of 90 days after a sexual abuse report is made. The person monitoring for retaliation will utilize multiple methods of monitoring such as talking with youth, reviewing logbooks and incident reports and observation.</p> <p>The auditor was provided with a copy of the Michigan Department of Health and Human Services (MDHHS) PREA Retaliation Monitoring log. It is a one page document that states the youths name or identifier, date range of monitoring and the allegation/investigation report identifier. Below this demographic information is a grid for multiple entries to track the date, name of staff conducting the observation, activity being observed and any information specific to this event.</p> <p>The auditor requested feedback for section (e) but nothing was provided. Section (e) is about appropriate measure being taken to protect any other individual who cooperates with an investigation and expresses fear of retaliation. The agency did not differentiate as to whether the monitoring of staff and residents is only for the alleged victim or if it includes witnesses or bystanders.</p> <p>Section (f) discusses the agency's obligation to monitor being terminated if the agency determines that the allegation is unfounded. This statement was added to the PREA policy but has to go through the agency's process for approval since it was done near the last day of the corrective action period once pointed out by the auditor.</p> <p>The PREA policy has the language that retaliation monitoring for staff will be conducted but when the auditor inquired about how it was done, the response was that "PREA is a concern for youth in a confined facility, not staff, so WHS does not have a conduct retaliation monitoring for staff". In a different document, the following statement was pointed out from the Staff Orientation Packet under Reporting Sexual Assault. "Staff reporting will be fully protected from retaliation, including retaliation from staff if staff is suspected of sexually inappropriate behavior or sexual assault."</p> <p>This is another example of contradictions within the organization. Emails were sent</p>

	by the same staff on different days with conflicting information. The most recent email is the one that says PREA is for youth and not staff.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The PREA policy states that protective housing, work reassignment, or separation orders implemented as needed.</p> <p>The person who originally answered the questions in OAS, answered based on the use of isolation. The staff currently completing the audit deny this practice, however the PREA policy follows the verbiage of the standards. When the auditor asked for additional documentation, the response was that WHS does not place clients in isolation; instead, an alternate housing placement may be provided.</p> <p>The auditor is unsure what the actual practices of the agency are.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Vassar House is only responsible for the completion of administrative allegations concerning PREA violations regardless of the reporting method. Any allegations that allude to sexual abuse will be forwarded to law enforcement for the investigation and they will be responsible for evidence collection, statements and other documentation proof necessary for criminal charges. It is the expectation that Vassar House staff will cooperate fully and provide anything requested by law enforcement.</p> <p>The updated PREA Policy states that evidence collected must be maintained under strict control. The area where the suspected assault took place is to be sealed off until law enforcement can gather evidence. Any clothing are articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim and abuser will not be allowed to destroy biological evidence.</p> <p>Wolverine Human Services will not terminate an investigation solely because the source of the allegation recants the allegation nor due to the alleged victim or perpetrator leaving the facility. Decisions will not be made by investigators based on the credibility of the alleged victim. A preponderance of the evidence will be the</p>

	<p>standard for substantiation with the understanding that legal authorities will be engaged if prosecution is appropriate.</p> <p>The policy states that the agency will retain all written reports pertaining to administrative or criminal investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>The agency reports that there were no instances of sexual abuse however during the original OAS upload, it was listed that there was 1 but no investigative information could be provided due to staff changes.</p> <p>There was no information about evidence collection for administrative investigations that are not sexual abuse. No standard operating procedures or documentation of how those items are to be handled.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policy states that substantiation of an allegation will be based on an evidentiary standard no higher than a preponderance of the evidence. Based on the results of the investigation, facility personnel and prosecuting authorities will meet to determine if prosecution is appropriate. The auditor requested a written agreement between the agency and the Prosecutors Office but there is not one in place. This may be something they want to put in place to ensure both agencies understand the PREA requirements.</p> <p>Criminal Investigations will be conducted by Tuscola County Sheriff's Office, evidence will be handled per SANE guidelines.</p> <p>Following the corrective action period, the auditor was provided a copy of an organizational chart that shows the Recipient Rights & Safety/PREA Coordinator reports to the VP of Residential Programs. The person identified in this role is also recognized as the facilities PREA investigator for administrative investigations. Copies of training certificates from the National Institute of Corrections for this staff were forwarded.</p> <p>The auditor was provided a copy of the job description for the Recipient Rights & Client Safety Coordinator that was signed on 4/24/25 by the appointed staff.</p>

115.373	Reporting to residents
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	<p>Auditor Overall Determination: Does Not Meet Standard</p> <p>Auditor Discussion</p> <p>Initially there was no language in the policy regarding this standard. Also, the auditor requested information regarding the 1 allegation of sexual abuse that was listed during the Online Audit System upload.</p> <p>The following information was provided following the corrective action period and an update to the PREA policy.</p> <p>Wolverine Human Services conducts administrative investigations and employees identified as PREA Coordinators will not conduct criminal investigations. There is no specialized training for investigators surrounding criminal investigations. Staff of WHS, do not have arrest powers.</p> <p>Following the outcome of an investigation, follow-up regarding the results of the investigation must be provided to the resident who is the alleged/confirmed victim. Because the word administrative was not specifically stated in the policy but it is understood that the agency is only responsible for this type of investigation, this statement doesn't account for criminal investigations.</p> <p>Following the completion of an external legal authority investigation, Vassar House shall request the findings of the investigation to inform the resident of an outcome of either substantiated, unsubstantiated or unfounded.</p> <p>If the substantiated perpetrator was staff, the Director or designee must inform the resident victim that the alleged abuser is no longer posted within the clients unit, no longer employed at the facility or has been indicted or convicted of a charge related to sexual abuse within the facility.</p> <p>If the substantiated perpetrator was another resident, the Director or designee must inform the resident victim if the alleged abuse has been indicted on a charge or convicted/adjudicated on a charge related to sexual abuse within the facility.</p> <p>All notifications and attempts to notify clients of the outcomes of an investigation must be documented in writing by the Facility Director or designee.</p> <p>Current staff were unable to provide the documentation of the 1 sexual abuse allegation that was listed, therefore the auditor could not review it for compliance with policy or standards.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>With any suspected or alleged staff-on-youth activity of any type, if it is found/proven that an employee participated in behaviors prohibited by PREA policy, it could be cause for immediate termination from employment. Dismissal is the presumptive discipline for staff upon finding that they engaged in sexual abuse of a youth.</p> <p>All terminations, resignations and staff who would have been terminated if not for their resignation for violations of PREA policy, must be reported to law enforcement agencies, unless clearly not criminal, and to any relevant licensing bodies.</p> <p>The PREA policy has a section called Sanctions and Corrective Action. It states specifically that Staff Sexual Abuse has a presumptive termination and law enforcement referral. For Staff Sexual Harassment, the sanctions is disciplinary action up to termination.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The updated PREA Policy states that Wolverine Human Services is strictly prohibited from hiring any individual with a sexual assault history as an employee or sub-contractor. This includes any individual who has engaged in, been convicted of, or who has been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.</p> <p>Wolverine Human Services is strictly prohibited from engaging any individual with a sexual assault history as a volunteer.</p> <p>The updated policy has no language of contractors and volunteers if found to have engaged in PREA behaviors while allowed to work within the facility. All of the PREA policy documentation is about behaviors prior to being given access. There is nothing in place about being reported to law enforcement agencies unless the activity was clearly not criminal and to relevant licensing bodies. There is also no information about taking appropriate remedial measures in the case of any other violation of agency sexual abuse or sexual harassment by a contractor or volunteer.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

Per policy, a youth may be isolated from other youth as a preventative and protective measure, but only as a last resort when other less restrictive measures are inadequate to maintain safety. Even in these circumstance, it is only until an alternate means of keeping all youth safe can be arranged. The following must be provided during periods of isolation:

- access to daily large-muscle exercise
- legally-required educational programming or special education services
- daily visits from a medical or mental health care clinician
- access to other programs to the extent possible

All assessment activities must be documented.

The facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, therefore subsection (d) of this standard is not applicable.

A youth found to be in violation of the PREA policy can expect sanctions that are graduated discipline.

Youth may be subject to disciplinary sanctions for sexual contact with staff only upon findings that the staff member did not consent to such contact.

Youth will not be disciplined for making allegations that were determined to not have occurred so long as the report was made in good faith.

Wolverine Human Services prohibits all sexual activity between youth. Sexual activity is not deemed sexual assault if the activity was not coerced.

The auditor requested a policy or standard operating procedures that are used in the formal disciplinary process to determine if a youth engaged in abuse and that was not provided. A regurgitation of the standards was added to the PREA policy.

This is another standard where conflicting information was received. The most current documentation states that WHS does not place youth in isolation, therefore there is not assessment documentation that is used for that purpose, however the updated PREA policy provided at the end of the corrective action period clearly follows the verbiage of the standards, therefore it is unclear whether isolation is a sanction or not. The policy also stated that an assessment documentation was used to review a youth in isolation but wasn't provided and the now is being said to not be a thing.

The agency did not meet the burden of proof as to how this standard is to be assessed.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Does Not Meet Standard

	<p>Auditor Discussion</p>
	<p>The auditor requested the documentation of completed examinations/assessments for all current or previous residents who had been a victim or perpetrator of sexual abuse on the risk screen. The response was that it could not be provided due to the exit of previous employees. Therefore this standard's compliance could not be confirmed for the time period in which the audit is reviewing.</p> <p>It is currently the expectation that any information related to sexual victimization or perpetration that occurred in an institutional setting shall be strictly limited to mental and medical practitioners and other staff, as necessary, to inform treatment plans, security management decisions, including housing, bed, work, education and program assignments as required by Federal, State, or local law.</p> <p>It is also the expectation from this point forward that if the risk screening indicates that the resident has been a victim of sexual abuse or has committed sexual abuse, the resident will be examined by a medical or mental health provider within 14 days of the completed assessment.</p> <p>For section (d) of this standard, the expectation is that informed consent is only necessary for youth over the age of 18. All of the intake orientation forms provided were for youth under the age of 18, therefore informed consent was not a requirement. Therefore this portion of the standard is not applicable.</p>

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy requires that the victim of sexual abuse be provided mental health assistance and counseling as determined necessary and appropriate. They are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis based on professional standard of care where medically appropriate.</p> <p>Female victims of sexually abusive vaginal penetration must be offered pregnancy tests. If a pregnancy results from sexual abuse, the victim will receive timely and comprehensive information to all lawful pregnancy-related medical services.</p> <p>All medical and counseling services will be provided at no charge to the victim.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Does Not Meet Standard</p>

	<p>Auditor Discussion</p> <p>The PREA Policy specifically states that following emergency response and completion of the rape kit (if applicable) a youth believed or determined to have been the victim of a sexual assault must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred. Victims and perpetrators of a substantiated sexual assault must be encouraged to complete medical testing for sexually-transmitted diseases. If the perpetrator will not voluntarily undergo testing, the facility Director or designee may seek a court order compelling the testing.</p> <p>The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. Resident victims of sexual abuse must be 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. Female victims of sexually abusive vaginal penetration must be offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. All medical and counseling services will be provided at no charge to the victim.</p> <p>Section (h) of this standard says that the facility shall 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. The current PREA policy only provides information about clients who disclose previous perpetration of sexual abuse during the screening shall be offered a follow-up meeting with a mental health practitioner with documentation. There are no provisions in place for a resident who is found to be a perpetrator if not declared during the intake screener.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	<p>Auditor Discussion</p> <p>It is written in the policy that</p> <ul style="list-style-type: none"> • A sexual abuse incident review must be conducted at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. The sexual abuse incident review team must include at a minimum an upper level Administrator, and a supervisor. The review will occur within 30 days of the conclusion of the investigation. The review team

	<p>must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention. Recommendations must be implemented or the reason(s) if not implemented must be documented.</p> <ul style="list-style-type: none"> The Data Review Team for Wolverine Human Services will be comprised of the following staff: Director, PREA Coordinator, Lead Supervisor, Investigators (cps, law enforcement) and a medical professional. <p>The auditor requested copies of the sexual abuse incident review form that would be used to satisfy this portion of the standard but it was not provided. The standards expectations were simply added to the updated PREA policy, therefore the auditor is unable to confirm that this action will take place.</p>
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115.387	Data collection
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Due to a turnover in staff and the inability to locate data from 2024, this standard could not be satisfied. Furthermore there was no template for data collection provided to the auditor following the corrective action period.</p> <p>The auditor was provided a PREA Data Log that was an excel spreadsheet that was partially completed for incidents that took place on 1/2/24 and 2/11/25. The January event was prior to the 12 month review period of the PREA audit and was incomplete. The February event appears to have never been concluded. This documentation was not sufficient to meet the standards.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Due to a turnover in staff and the inability to locate data from 2024, this standard could not be satisfied. Furthermore there was no template for data collection provided to the auditor following the corrective action period.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Does Not Meet Standard

	<p>Auditor Discussion</p> <p>Upon completion of the corrective action period, the auditor was provided with an update to the PREA policy to be revised as: All records related to sexual abuse, assault and/or harassment of residents will be maintained by the PREA Coordinator and kept in his/her secured office. All information will be treated as confidential, in full compliance with agency policies, regulatory requirements, and applicable State and Federal laws governing confidentiality and the protection of private information. The records will be retained for a minimum of 10 years from the date of initial collection, unless a shorter or longer period is required by Federal, State or local law. The PREA Coordinator will be responsible for securely destroying the records upon expiration date.</p> <p>This standard is still not met because this is just the standard being added to the policy. The auditor never received any documentation that would prove the actual work is being done due to the staff turnover and an inability to provide records for the previous 12 months reviewed for the PREA audit. It should also be noted that there was documentation from previous years but nothing from CY2024 which is the actual year of review.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>It was October of 2023 when the auditor was first contacted about the potential PREA audit being scheduled. At that time, the PREA Coordinator informed the auditor that the facility was planning to open and wanted to find out what needed to be done in preparation. Because the audit looks at a 12 month prior review period, the plan was made to schedule the audit once the facility had been opened and operating for at least a year. This is the first year of the audit cycle.</p> <p>Just as the audit was ready to be launched, there was a change in personnel and the decision was made to update the audit dates to give the new person time to plan and prepare for the audit.</p> <p>The auditor was able to access every are of the facility spent daily lunch periods with the youth observing staff interactions and policies. The facility doesn't have live-watch camera access at this time so no technological footage was reviewed.</p> <p>Approximately 6 weeks prior to the onsite portion of the audit, Vassar House staff hung flyers throughout the facility with the auditors contact information and notification of the impending audit. The auditor receive time and date stamped photos of the flyers being hung. They were still up during the tour. The auditor did not receive any correspondence.</p>

	<p>The auditor was able to interview staff and youth individually in a closed space allowing for confidentiality.</p> <p>Any necessary documentation what wasn't uploaded during the pre-audit phase was either given in person or emailed to the auditor as requested.</p> <p>Due to a change in staff and the inability to review the investigations mentioned in the original PREA OAS upload, the auditor cannot verify that there were no investigations in need of further review or that the outcomes were valid based on the evidence. The agency has the burden to provide proof which was not done.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>On 4/8/23 an interim report was submitted for Vassar House, however the facility was closed in the midst of the audit. The final report was submitted 10/20/23 by a different auditor. The results of this audit can be found on the Wolverine Human Services website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	

	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
115.313 (a)	Supervision and monitoring	
	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?	yes
115.313 (b)	Supervision and monitoring	
	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.)	na
115.313 (c)	Supervision and monitoring	
	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.)	yes
	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
115.313 (d)	Supervision and monitoring	
	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
115.313 (e)	Supervision and monitoring	
	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)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	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
115.315 (d)	Limits to cross-gender viewing and searches	
	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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?	
115.317 (a)	Hiring and promotion decisions	
	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
115.317 (b)	Hiring and promotion decisions	
	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
115.317	Hiring and promotion decisions	

(c)		
	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
115.317 (d)	Hiring and promotion decisions	
	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
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
115.321 (d)	Evidence protocol and forensic medical examinations	
	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
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
115.321 (f)	Evidence protocol and forensic medical examinations	
	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 responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	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
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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))	no
115.331 (a)	Employee training	
	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
115.331 (b)	Employee training	
	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
115.331 (c)	Employee training	
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	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
115.333 (b)	Resident education	
	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
115.333 (c)	Resident education	
	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
115.333 (d)	Resident education	
	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?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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).)	yes
115.334 (b)	Specialized training: Investigations	
	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).)	yes
	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).)	yes
	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).)	yes
	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).)	yes
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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
115.335 (c)	Specialized training: Medical and mental health care	
	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.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	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.)	na
115.341 (a)	Obtaining information from residents	
	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
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	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
115.341 (d)	Obtaining information from residents	
	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
115.341 (e)	Obtaining information from residents	
	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?	
115.342 (a)	Placement of residents	
	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
115.342 (b)	Placement of residents	
	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

115.342 (c)	Placement of residents	
	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
115.342 (d)	Placement of residents	
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	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?)	yes
	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?)	yes
115.342 (i)	Placement of residents	
	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
115.351 (a)	Resident reporting	
	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
115.351 (b)	Resident reporting	
	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?	no
115.351 (c)	Resident reporting	
	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?	no
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	no
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	

	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
115.352 (c)	Exhaustion of administrative remedies	
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
115.352 (e)	Exhaustion of administrative remedies	

	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.)	na
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
115.353 (d)	Resident access to outside confidential support services and legal representation	
	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
115.354 (a)	Third-party reporting	
	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
115.361 (a)	Staff and agency reporting duties	
	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
115.361 (e)	Staff and agency reporting duties	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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?	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: 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?	yes
115.364 (b)	Staff first responder duties	
	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?	no
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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?	no
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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
115.367 (c)	Agency protection against 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 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
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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).)	yes
	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
115.371 (b)	Criminal and administrative agency investigations	
	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?	yes
115.371 (c)	Criminal and administrative agency investigations	
	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?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(f)		
	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
115.371 (g)	Criminal and administrative agency investigations	
	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?	yes
115.371 (h)	Criminal and administrative agency investigations	
	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?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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?	no
115.371 (k)	Criminal and administrative agency investigations	
	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?	
115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	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
115.373 (b)	Reporting to residents	
	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.)	na
115.373 (c)	Reporting to residents	
	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
115.373 (d)	Reporting to residents	
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	no
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	no
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	no
115.377 (b)	Corrective action for contractors and volunteers	
	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?	no

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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?	no
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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?	no
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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?	no

	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?	no
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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?	no
115.386 (a)	Sexual abuse incident reviews	
	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?	no
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no
115.386 (d)	Sexual abuse incident reviews	
	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?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.387 (a)	Data collection	
	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?	no
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no
115.387 (c)	Data collection	
	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?	no
115.387 (d)	Data collection	
	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?	no
115.387 (e)	Data collection	
	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.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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?	no
	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?	no
	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?	no
115.388 (b)	Data review for corrective action	
	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?	no
115.388 (c)	Data review for corrective action	
	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?	no
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	no

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	no
115.389 (b)	Data storage, publication, and destruction	
	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?	no
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.389 (d)	Data storage, publication, and destruction	
	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?	no
115.401 (a)	Frequency and scope of audits	
	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.)	no
115.401 (b)	Frequency and scope of audits	
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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