

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report 6/25/18

## Auditor Information

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Company Name: Correctional Management and Communications Group	
Mailing Address: PO Box 5736	City, State, Zip: Macon, GA 31208
Telephone: 478-737-2171	Date of Facility Visit: May 17-18, 2018

## Agency Information

Name of Agency Michigan Department of Health and Human Services (MDHHS)		Governing Authority or Parent Agency (If Applicable)	
Physical Address: 235 S. Grande Ave.		City, State, Zip: Lansing, MI 48909	
Mailing Address:		City, State, Zip:	
Telephone: 517-335-3489		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To provide opportunities to children, youth, and families to become more responsible for their own lives and to strengthen their relationships with others.			
Agency Website with PREA Information: <a href="http://www.michigan.go/dhs/O4562,7-124-5453_34044_39057">http://www.michigan.go/dhs/O4562,7-124-5453_34044_39057</a>			

## Agency Chief Executive Officer

Name: Nick Lyon	Title: MDHHS Consultant
Email: GrijalvaN@michigan.gov	Telephone: Nancy Grijalva 517-241-1193

## Agency-Wide PREA Coordinator

Name: Patrick Sussex	Title: PREA Juvenile Coordinator/Program Manager
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<b>Email:</b> sussexp@michigan.gov	<b>Telephone:</b> 517-648-6503		
<b>PREA Coordinator Reports to:</b> Dr. Herman McCall	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0		
<b>Facility Information</b>			
<b>Name of Facility:</b> Teaching Family Homes of Upper Michigan, Inc.			
<b>Physical Address:</b> 7820 State Highway M-123, Newberry, MI 49868			
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.			
<b>Telephone Number:</b> 906-293-5670			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other
<b>Facility Mission:</b> The mission of Teaching Family Homes of Upper Michigan is to provide ethical, cost effective care to children, families and individuals in need by facilitating self-sufficiency through the enhancement of self-esteem, skill development, and interpersonal relationships.			
<b>Facility Website with PREA Information:</b> <a href="http://www.TeachingFamilyHomes.org/services/res-group-homes/prea/">http://www.TeachingFamilyHomes.org/services/res-group-homes/prea/</a>			
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Facility Administrator/Superintendent</b>			
<b>Name:</b> Jim Whalen		<b>Title:</b> Consultant	
<b>Email:</b> jwhalen@tfhomes.org		<b>Telephone:</b> 906-f293-5670	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Dustin Hogue		<b>Title:</b> Program Manager	
<b>Email:</b> dhogue@tfhomes.org		<b>Telephone:</b> 906-293-5670	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> None; health services are off site		<b>Title:</b>	
<b>Email:</b>		<b>Telephone:</b>	

Facility Characteristics		
Designated Facility Capacity: 8		Current Population of Facility: 8
Number of residents admitted to facility during the past 12 months		11
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		11
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		11
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-18	
Average length of stay or time under supervision:		6-12 months
Facility Security Level:		Staff-secure
Resident Custody Levels:		Staff-secure
Number of staff currently employed by the facility who may have contact with residents:		11
Number of staff hired by the facility during the past 12 months who may have contact with residents:		1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		1
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 7
Number of Multiple Occupancy Cell Housing Units:		1
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are 10 digital video recording cameras located in the facility as indicated by the Consultant and Program Manager. These cameras enhance staff's supervision capabilities and assist in monitoring blind spots and the review of incidents. There are no cameras in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while in these areas.		
Medical		
Type of Medical Facility:		None
Forensic sexual assault medical exams are conducted at:		Helen Newberry Joy Hospital
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		2



# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Teaching Family Homes of Upper Michigan is an 8-bed staff secure male residential treatment facility contracted with the State of Michigan Department of Health and Human Services (DHHS). The facility provides services to young men who have been referred directly from the juvenile court system or through the DHHS Juvenile Justice Assignment Unit. The audit was obtained and assigned by Correctional Management and Communications Group, LLC of Minneola, Florida.

The facility is designed to serve up to eight male adolescents ages 12-17 placed by the Department of Health and Human Services, community mental health agencies, probate and tribal courts in a staff secure environment. Youth placed in the facility may have demonstrated difficulty with delinquent behavior, aggression, sexual conduct, conduct disorders, emotional impairments, substance abuse, and affective difficulties and would benefit from an intensive residential setting. The facility uses a trauma focused, multidisciplinary, psycho-educational approach, in a 24 hour-a-day therapeutic environment.

The staffing pattern and highly structured environment increases the program's ability to supervise youth and provide individualized, age-appropriate, issue specific treatment. The multi-disciplinary approach, combined with clinical assessment and evaluations, is designed to stabilize and treat the conditions of mental health and behavioral instability. The treatment approach works to stabilize severe or dangerous behaviors, prevent relapse, reduce recidivism, and make amends for the crimes they have committed, with the goal of learning necessary skills in order to move into a less restrictive treatment environment. Prior to the placement of the youth, parents and referring workers may be involved in a pre-placement interview or visit, at which time the program is explained and a tour of the facility may be provided.

There are 10 digital video recording cameras located in the facility as indicated by the Consultant and Program Manager. These cameras enhance staff's supervision capabilities and assist in monitoring blind spots and the review of incidents. There are no cameras in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while in these areas.

### **Pre-Audit Activities**

The notice of PREA Audit for the Teaching Family Homes was forwarded prior to the six weeks posting requirement for the on-site audit. The PREA Coordinator instructed the facility, to post the notices in areas accessible to youth, staff, contractors and visitors. The purpose of the posting of the notice is to allow anyone with a PREA issue or concern, or an allegation of sexual abuse or sexual harassment to correspond, confidentially, with the Certified PREA Auditor. The Auditor did not receive any communication from any youth or other interested parties as a result of the postings. During the onsite PREA Audit, Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers.

The notification of the on-site audit was posted on April 5, 2018, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs and received electronically from the DHHS PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing and administrative areas. The pre-audit questionnaire, policies, procedures and supporting documentation were received within an adequate timeframe for review. The documents were uploaded to a USB flash drive and mailed to the auditor. The initial review revealed a well-organized document. Any additional information needed was discussed with the DHHS PREA Coordinator and was received within a timely manner or ready for review onsite.

The pre-audit questionnaire and other supporting documentation were received by auditor on 4/9/2018. Upon reviewing information, Auditor was in communication with the Agency PREA Coordinator to identify any missing information and a listing of documentation that would be needed for review during the on-site audit phase. The PREA Coordinator and PREA Compliance Manager were responsive to all requests.

Prior to the audit, the Auditor requested and received a list of staff. The Auditor ensured that staff from a cross-section of positions and jobs within the facility was selected to be interviewed. Additionally, the Auditor requested and received a list of youth. Additional lists requested and received included youth who were: transgender; disabled; sexually abused either at the facility or who disclosed prior victimization during their initial vulnerability assessment or at any other time; identified as being gay, bisexual, or lesbian; and those youth who were identified as mentally challenged. The Auditor contacted the outside advocacy organization confirming the services to be provided when needed. The representative stated there were no referrals from the facility.

### **On-Site Audit Activities**

A pre-audit meeting was conducted on May 17, 2018 with Assistant to the DHS PREA Coordinator. The on-site audit was conducted on May 18, 2018. During the briefing, the Auditor explained the audit process and a tentative schedule for the one (1) day to include conducting interviews with the staff and residents and reviewing documentation. A complete guided site review of the entire facility was conducted to include living, kitchen, school room and administrative area. The site review revealed that residents were under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in various locations throughout the facility primarily in the houses as well as postings informing residents of the telephone numbers to call to report or seek help in the event of sexual abuse and sexual harassment. The population on day of audit was 6. The agency PREA Coordinator accompanied the Auditor on the site review of the entire Teaching Family Homes of Upper Michigan campus.

During the site review the Auditor made numerous observations and interacted with staff and youth. Observed were the postings of notices of PREA Audit, PREA related posters and especially those providing reporting instructions and notices advising youth that female staff routinely work in the facility. Observations were made of locations and designs of showers and any privacy issues; grievances; grievance boxes; requests forms and boxes for forms; and configuration of living units. Additionally, there were observations for blind spots; camera deployment; staffing levels; supervision of youth; accessibility to telephones; and instructions for using the phones to report sexual abuse.

Teaching Family Homes of Upper Michigan is a non-secure group home. The maximum capacity for this facility is eight youths. The housing populations consist of one housing unit. When possible, youth are housed according to age; size; gang affiliation; PREA classification; behavior status; protection custody; and health status.

The housing unit is capable of housing eight youths. The shower and toilet areas afford privacy for the youth, yet allow for staff supervision. The living unit was replete with PREA related posters. The unit has a telephone enabling calls to the PREA hotline. The hotline phone number is posted by the phone. The location of the phone allows for privacy. The notice of the PREA audit was posted.

During the on-site visit, there were a total of six residents in the facility. All residents were interviewed. The residents were knowledgeable of PREA information. One resident was interviewed due to his file indicating prior sexual victimization that occurred when he was a toddler and the Auditor spoke with mental health staff regarding follow-up services for the youth. It was determined that protocol was followed. The Auditor was unable to identify additional youth meeting the targeted population criteria.

Using a staffing roster, the Auditor selected staff to interview, ensuring those selected represented a variety and cross section of positions and special category staff. The Auditor selected and interviewed:

- Agency PREA Coordinator
- Agency Contract Coordinator (Designee)
- Consultant
- PREA Compliance Manager
- Personnel/Human Resources
- Psychologist
- Counselor Conducting Orientation
- Staff Supervising Segregated Housing
- Higher Level Staff Conducting Unannounced PREA Rounds
- Nursing Staff
- Retaliation Monitor
- Facility Investigator
- Volunteer
- Incident Review Team Member
- Victim Advocate Representative

The Auditor concluded, through interviews and a review of policies and documentation that the facility is in full compliance with all of the standards as outlined by the Prison Rape Elimination Act Standards.

Twenty staff including those from all three shifts, administrative and supervisory staff, mental health staff, contracted staff, the Consultant, and Manager of Operations/PREA Compliance Manager were interviewed. The DHHS PREA Coordinator was also interviewed. Overall, the interviews revealed the staff is knowledgeable of PREA standards and were able to articulate their responsibilities. Interviews revealed that 3<sup>rd</sup> shift Direct Care staff was not as knowledgeable. It was recommended that 3<sup>rd</sup> shift Direct Care staff receive PREA refresher training. This was completed and auditor received documentation. When the on-site audit activities were completed, an exit meeting was held with executive/administrative staff to discuss audit findings.

### **Post Audit Activities**

The facility was found to be fully compliant with the PREA Standards and this final report was completed. The Auditor was provided with extensive and lengthy files prior to and during the audit. The review of all the information provided; site visit activities; and facility and agency staff interviews support a conclusion of compliance to the PREA Standards.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the youth, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Teaching Family Homes of Upper Michigan (TFH) was brought to Michigan in 1981 through an affiliation with Father Flannigan's Boys Town and the international Teaching-Family Association. The residential group home implements the Teaching Family Model (TFM) as evidenced-based, best practices, family-style therapeutic treatment program that utilizes a variety of psychosocial treatment approaches based upon each child's individual therapeutic needs. The international Teaching-Family Association is the only entity in North America that defines and implements standards and review procedures related to the actual performance and quality of treatment and service delivery systems at all organizational levels. As an evidence-based best practices model, the Teaching Family Model adheres to a set of standards that have been researched, tested and replicated, and supported by a substantial body of research findings generally acknowledged as superior or state-of-the art for over 35 years. The Teaching Family Model is recognized as best practices by the American Psychological Association, National Department of Juvenile Justice, and National Clearing House.

Teaching Family Homes of Upper Michigan is accredited by The CARF International: the Commission on the Accreditation of Rehabilitation Facilities. Accreditation by CARF requires Teaching Family Homes of Upper Michigan to commit to quality improvement; focus on the unique needs of each person the provider serves, and monitors the results of services through an intensive on-site review of all service delivery systems at all organizational levels. Teaching Family Homes of Upper Michigan has continually achieved superior ratings, resulting in the full 3-year accreditation by CARF International.

Youth placed in the facility present significant safety risks in the school, home, or community and are identified as needing intensive residential treatment with 24-hour monitoring and supervision. Youth exhibit emotional and behavioral characteristics that have chronically impaired their ability to function adequately in a less restrictive environment. These behaviors may include: incorrigibility and/or delinquent behaviors, moderate to severe aggression and/or harmful behavior toward themselves or others, mild to moderate psychotic symptoms (delusions, suicidal/homicidal ideations), typically lacks intact thought processes, and/or frequent severe emotional episodes. Youth may have been exposed to sexualized behaviors through sexual abuse or exposure to sexualized materials and is suffering from the trauma of child sexual abuse, including sexual addiction/compulsivity, post-traumatic stress disorder (PTSD), and/or other psychological or physiological effects of abuse and trauma such as anxiety and anger.

Teaching Family Homes' treatment philosophy is based upon the premise that youth are neither "bad" nor "broken" but instead delayed in their development as an individual. This delay may be the result of early traumatic events and/or lack of nurturing, modeling and teaching of essential functional skills. Each child has their own set of individual strengths, and when provided the opportunity many of these children thrive.

Therapy at Teaching Family Homes (THF) occurs throughout the day - in a variety of methods through teaching of functional living skills, relationship development and experiential activities, in addition to the traditional office-oriented approach. Individual, family and group counseling is provided by trained



specialists and practitioners. The core of our residential therapeutic treatment program is to provide a family style, 24/7 therapeutic environment where youth observation, education and counseling is taking place continually - where real life happens - at school, with peers, adults, within a family setting, during meals, chores and playing. This is the transformational advantage of therapeutic residential treatment.

The preferred staffing ratio of general residential care is one direct care staff to four youth during waking hours and one night-time awake staff. Due to the on-going needs of the youth away from the program, including family visitation, court hearing) often hundreds of mile away), medical appointments, etc., additional staff are needed in order to maintain the family-style milieu and adequate case management. Support staffing may be adjusted to meet the needs of the youth and program.

A Community/Education Liaison supports each group home. This position oversees the education plan development, implementation and transition upon discharge for the youth. They ensure an appropriate educational assessment upon intake and work with the public school or on-campus school to develop behavioral and academic plans and ensure their implementation. The goal for any youth attending the on-site school is to transition them into the public school as indicated. The Liaison also assists with planning for transfer to the youth's new school upon discharge. While the youth is in placement, the Liaison works with the referring agency to assess, plan and transition the youth into their identified permanency placement.

For youth over 14, independent living goals are established and may be the focus of permanency. The Liaison provides the youth with comprehensive and coordinated Independent Living activities that will provide them for independence socially, economically, and psychologically. Activities may include but are not limited to budgeting, money management, employment seeking skills, communication skills, relationship building, health and hygiene, household maintenance and upkeep, educational assistance, preventive health services, parenting skills, and accessing community services. Activities being taught shall be listed in the youth's service plan. A Counselor/Therapist provides weekly individual as well as weekly group therapy as recommended in the initial assessment and treatment plan.

At TFH, the residential program staff work together to provide a comprehensive and coordinated set of activities for effective overall treatment. Administrative services staff are provided for overall program oversight and support, including the Residential Consultant, Clinical Consultant, Consultant of Training & Evaluation, Facilities Manager/Maintenance, Service Learning, and Volunteer/Mentor Coordinator. A Consultant/Supervisor provides observation and feedback to direct care workers, guides the treatment/behavioral planning, develops and monitors individual youth progress and supervises program staff. The Consultant/Supervisor also provides family work and counseling.

During the child's initial 30-day assessment period, a battery of psychological assessments are administered by a licensed, Master's level clinician. During this time the clinician will conduct a bio-psychosocial assessment that includes a baseline of the youth's current level of functioning, behavioral appraisal, psychiatric history, symptomology, trauma assessment, family, environmental, cultural and religious preferences, educational or vocational goals and needs, strengths, skills or special interests, and the behaviors that necessitated a more restrictive placement, and recommendations for the child's individualized treatment plan.

A critical element of the Teaching Family Homes treatment program is providing youth with instruction on a variety of social skills, life skills, and emotional coping skills. This practice is based on vast experience, successful treatment outcomes, and comprehensive research that shows youth increase their level of

functioning when they learn prosocial skills. Social skills also result in more positive relationships, enabling youth to help themselves and get the support they need.

While the Teaching-Family Model of treatment has its basis in learning theory, it has a flexible approach in developing individualized treatment plans for children and their families. The child and family are active participants in their treatment, and learn positive behavioral skills they can choose to utilize in a variety of different situations. By learning and practicing skills, youth can change the way they think, feel, and act. Teaching methods utilize behavioral principles, while allowing the children to integrate their thoughts and feelings into this learning process. Unlike many other learning theory models, Teaching Family Homes uses external reinforcement, where appropriate, to motivate youth to promote and maintain skill-learning and relationship development and gradually internalize such motivation. Behavior Settings theory states individuals are best able to retrieve information when in an environment similar to that where the information was learned; therefore, it is the belief of Teaching Family Homes that a youth is more likely to practice skills after they return home and in the community, if skills are learned in an environment that is home-like and community based.

Based upon a youth's individual needs, a plan for clinical therapeutic services is developed to meet the child's needs. Each youth will receive individual and/or group therapy a minimum of one time per week. Specialized counseling services and curriculums may be utilized to meet the specific treatment needs of the youth, and may include Hazeldon Experiential Learning substance abuse treatment curriculum, sex youth counseling, relapse/recidivism prevention, anger management, family counseling, or other interventions as identified. Group counseling shall provide age and issue focus including but not limited to: sexual abuse, anger management, sex education, recidivism prevention, and victim awareness, empathy, and life skills. Through individual and group counseling, each youth will successfully complete a phased approach to treatment which includes:

**Orientation** – Youth become orientated to the phases of interventions and program expectations

**Accountability** – Youth are encouraged to fully disclose their actions that led them to the program

**Boundaries** – Clarification of values system will be developed to help establish and maintain healthy interpersonal and sexual boundaries

**Empathy** – Youth will begin to understand the impact of violating sexual boundaries on primary and secondary victims

**Relapse Prevention** – Youth will develop healthy and effective responses to their high risk sexual behaviors

**Transition** – youth will develop a plan for a healthy transition to a lower level of care

Youth shall have a comprehensive psychiatric consultation when indicated on their initial assessment. This consultation shall include the child's current and past psychiatric history, medical/developmental history, social history, family history, mental status exam, medication review, diagnosis, and treatment recommendation. Consultation may take place via telepsychiatry. The psychiatrist shall coordinate with the TFH Clinician conducting the youth's assessment. When deemed necessary, a youth shall be referred for psychological services by a licensed psychologist or limited license psychologist for individual and/or family therapy, administering and interpreting psychological tests. Each youth prescribed psychotropic medication shall be overseen by a licensed physician and/or nurse to monitor their medication regime for

physical interaction and/or other adverse effects.

Youth who present a need for increased supervision, may be provided with a 1:1 staffing ratio to best meet the youth's treatment needs. Request for the 1:1 staffing ratio will be presented to the youth's caseworker at the earliest identified need. The placing agency shall be responsible for the cost of the 1:1 staffing when indicated in use in the youth's plan of service. Youth placed in the facility receive educational services through an on-site Learning Center, serving both general and special education students in a structured environment with a low youth to staff ratio.

The Consultant/Supervisor begins transition and discharge planning at the time of admission, to be included in the child's individual service plan. From the onset of treatment, the ongoing transition/discharge plan will assess the level of care that will be needed at discharge, services to be provided, graduated visitation schedules as the youth or family progresses, and preparation/support for the next placement to assist in building success.

The Specialist helps to identify a permanent family or living situation. Where applicable, a child's family is viewed as a partner in the treatment of the youth. Families are provided with coaching in Common Sense Parenting, an evidence-based, best practices parenting model that adapts the Teaching Family Model into a curriculum for use within the home to address parenting challenges, utilize effective discipline, encourage positive behavior, correct behavior issues, and teach self-control. The Adult-Adolescent Parenting Inventory (AAPI) is conducted during the initial assessment and again prior to discharge to measure parent's attitudes. Parents receive instructive materials in the form of activities and workbooks, which help them, practice and integrate the concepts utilized. Behavioral rehearsals are regularly conducted with the Family Specialist, to reinforce successful application of the skills. When the child does not have a family identified, the Specialist assists in identifying relative, foster, or adoptive parents.

Community involvement is an integral component of the group home program. Teaching Family Homes recognizes the need for a systemic approach to youth issues, and recognizes the importance and need for other types of treatment, such as medications, educational support, job training, or individual/group therapy, as important ingredients in the overall treatment plan. Each group home program provides staff to address the community needs of the youth during the day and on weekends. This may include, but not limited to facilitation of medical/dental appointments, medication reviews, psychiatric or psychological appointments, attending court hearings, family visitation, working with the public or on-site school system, attending IEPs, individual or family therapy, coordination or participation in other family support services, etc.

Children are provided with an array of experiential and adventure learning activities at Teaching Family Homes designed to challenge the youth, helping them to grow and develop. Some of activities include high and low ropes courses to improve self-determination and team building skills, nature exploration, drum therapy, polar bear swimming, and craft and building projects. Each youth is provided with opportunities to attend religious or cultural services or activities in their religious faith of choice.

The Volunteer/Mentor Coordinator screens and trains volunteers who wish to provide a service to the children we serve, based on their skills, abilities and willingness to foster connections and interpersonal relationships with the youth. Mentors can be individuals or groups, such as the Northern Michigan University Mentoring Club, Zonta Club of Marquette, Big Brothers/Big Sisters, athletic teams, etc. Youth are matched with mentors based on individual need, with the goal of developing relationship and meeting

treatment needs. Mentoring serves to enhance the youth's self-esteem, skill development, and teach positive alternatives to risky behaviors.

Collaborative multi-disciplinary case planning is utilized for each youth to ensure an appropriate array and quantity of services to provide clinical and behavioral stabilization. Beginning at the time of intake, members of the youth's team will be identified, with the first meeting occurring within 30 days of placement. Through active engagement, these meetings will help the youth and family in developing ties to their community and non-family resources to provide additional supports.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

During this audit period all 41 standards were met.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 41

All standards were met by the facility

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

Standard 115.331 Employee Training--It was recommended that 3<sup>rd</sup> shift Direct Care staff receive PREA refresher training. The refresher training was completed and the Auditor received the required documentation.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

## All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

### 115.311 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Policy and Document Review:

The state of Michigan, Department of Human Services (DHS) Policy JR5560 (PREA) and Teaching Family Homes of Upper Michigan PREA Policy mandates zero tolerance of sexual assault/and rape of clients in juvenile justice facilities. The policies give guidance in how to prevent, detect and respond to sexual abuse and harassment. Included are definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors.

Interviews: PREA Coordinator; Consultant; PREA Compliance Manager; Interviews with staff and Youth

Observations: Zero Tolerance Posters and PREA Pamphlets

The Michigan Department of Human Services employs an Agency PREA Coordinator. The PREA Coordinator has complete and unrestricted access to all Agency facilities contract/residential programs, offices, records, staff and residents. Facility staff and contract providers must comply fully with the Agency PREA Coordinator without fear of reprisal or reprimand. The PREA Coordinator reports to Michigan Children Services Administrations Consultant.

The Agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the Agency. The PREA policy is structured by subject matter, thereby allowing the reader of the policy to discover relevant policy provisions by topics corresponding to each PREA Juvenile Standard.

The Agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities. Each facility is required to designate a PREA Compliance Manager. The Manager of Operations serves as the PREA Compliance Manager. He reports to the facility Consultant. Staff acknowledge through interviews the role of the Compliance Manager. Facility Consultant and Compliance Manager were able to discuss how the different departments worked together to maintain PREA compliance across all departments.

The Facility PREA Compliance Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

## **Standard 115.312: Contracting with other entities for the confinement of residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.312 (a)**

- 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.) ☐ Yes ☐ No ☒ NA

### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Teaching Family Homes of Upper Michigan Facility does not contract with other facilities to house their residents.

## Standard 115.313: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 internal or external oversight bodies? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA



#### 115.313 (c)

- 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   ☐ No   ☐ NA
- 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   ☐ No   ☐ NA
- 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   ☐ No   ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes   ☐ No   ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes   ☐ No

#### 115.313 (d)

- 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   ☐ No
- 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   ☐ No
- 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   ☐ No
- 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   ☐ No

#### 115.313 (e)

- 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   ☐ No   ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes   ☐ No   ☐ NA

- 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 functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc. PREA Policy/Freedom from Sexual Harassment/Abuse and Teaching Family Homes of Upper Michigan Inc. Residential Staffing Plan provides guidelines for adhering to the staffing ratios in accordance with Juvenile Justice Residential Policy, Youth Ratios and Staff Supervision and as required in PREA Standard 115.313.

Interviews: PREA Coordinator, PREA Compliance Manager, Staff, Youth

The minimum direct care staff to youth ratio of 2:8 during daytime hours, 3:8 afternoon and 1:8 during sleep hours. Any deviation from this minimum staffing must be documented in an incident report that lists the reason(s) and the duration that the minimum staff/Youth ratio was not met and any actions taken to correct the situation. Interview with Consultant, review of work schedules and observations during the facility tour indicated adherence to facility staffing ratio. These ratios exceed requirements as set forth in Michigan regulation and the requirement of this standard.

Teaching Family Homes of Upper Michigan Inc. Residential staffing plan dictates that at least once a year a review of staffing plan occurs. The annual staffing plan assessment was last completed on 4/18/2018 by PREA Compliance Manager and Consultant of Residential Services. Plan was reviewed by Michigan PREA Coordinator.

The process indicated but was not limited to a review of the following: staffing plan; monitoring system; resources available and committee to ensure adherence to the staffing plan and the occurrence of unannounced rounds. The form summarizing the process was provided for review. The PREA policy provides for compliance to the staffing plan except during limited and exigent circumstances and the deviation be documented. The facility reports the average daily number of residents during the past year is 6 and the average daily number of residents on which the current staffing plan was predicated is

eight. The facility also reports there were no deviations from the staffing plan in the past 12 months. Teaching Family Homes of Upper Michigan PREA policy Section D #5 dictates a requirement that unannounced rounds are conducted by higher level and intermediate level staff and also by shift supervisors. The unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment. Review of shift reports, interviews with staff, PREA Compliance Manager and Residential Consultant verify that unannounced rounds are conducted. Staff are not alerted regarding visits.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.315 (a)**

- 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   ☐ No

#### **115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes   ☐ No   ☐ NA

#### **115.315 (c)**

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes   ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes   ☐ No

#### **115.315 (d)**

- 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   ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes   ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes   ☐ No   ☐ NA

#### **115.315 (e)**

- 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 ☐ No
- If a resident's genital status is unknown, does the facility 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? ☒ Yes ☐ No

### 115.315 (f)

- 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 ☐ No
- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc. PREA Policy-Staff Training Protocols verify that cross gender pat searches are prohibited, except in exigent circumstances. Interviews with direct care staff, residents and administrative staff support that cross-gender searches are not conducted. No one could verify a situation in which a male staff was not available to conduct a search.

Interviews: Staff; Youth; Special category Youth

Observation: Teaching Family Homes houses male Youth and is staffed with male and female staff providing direct supervision in the living units. Policies prohibit female from conducting strip searches of males except extreme emergencies.

The pre-audit questionnaire documented that there have been no cross-gender searches, either strip, body cavity or pat searches during the reporting period. 100% of the randomly selected Youth stated they have never been strip searched by a female officer. They also stated they are pat searched by male officer.

Facility had signage posted that female staff routinely enter unit. During tour auditor observed staff on unit making the announcement of female entering the unit.

The training curriculum includes searches of Transgender and Intersex Youth.

Staff are aware of the policy prohibiting the search of a Transgender or Intersex Youth for the sole purpose of determining the Youth's genital status.

Staff training agenda stress the need for all searches to be conducted as humanely and respectfully as possible: At least two staff should be involved when any student is being searched.

Teaching Family Homes of Upper Michigan PREA Policy Section C4 prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the residents genital status. Staff interviews verified if there are questions this information would be obtained through a medical exam conducted by a medical practitioner in private. Body cavity searches are not conducted by Teaching Family Homes of Upper Michigan staff and require the use of a medical professional and the approval of the Teaching Family Homes of Upper Michigan Residential Consultant.

Teaching Family Homes of Upper Michigan PREA Policy Section D #5, staff and resident interviews confirm that residents are able to shower, change clothes and perform bodily functions without being viewed by staff of the opposite gender. All staff of the opposite gender must announce their presence when entering any areas where residents are likely to be showering, performing bodily functions, or changing clothes. Residents interviewed verified this practice and was also verified during the comprehensive tour of the facility.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.316 (a)**

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 speech disabilities? ☒ Yes ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

### 115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
☒ Yes   ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section A #2 mandates that during the intake process the Teaching Family Homes of Upper Michigan Intake Coordinator completes with residents the "Preventing Sexual Assault" youth orientation packet. This information must be provided verbally and in written form. The information is in a language and format that the client can understand. The use of resident interpreters is prohibited except in limited circumstances when delay in translation could compromise resident safety or the performance of first responder duties. Posting of PREA Brochures are in English and Spanish

Interviews: Staff; Youth; Special Category Youth. Auditor was able to interview Bilingual staff who can translate for some limited English proficient youth. Staff also able to sign for the deaf should an emergency arise.

Observation: PREA brochures may be provided by the facility in language other than English. The facility utilizes their bi-lingual staff as resources to provide interpreter services to residents who are limited English proficient on an as needed basis. Facility also documents access to outside interpretation and translation services. The facility reports there has not been a need for interpreters during the past 12 months.

The random staff interviews and review of facility staff training curriculum support the facility does not rely on resident interpreters, resident readers or any type of resident assistants for the provision of PREA information for another resident. Resident handbook contains information regarding reporting

allegation of sexual abuse and sexual harassment. Reporting information is also posted on the living units and in the various areas of the facility.

The resident initial contact with the intake coordinator triggers the need for interpreter services required. The interview with the intake coordinator and review of documentation confirmed support services will be provided. The facility intake grid does not allow for the admission of blind, deaf, physically disabled or mentally disabled youth.

## **Standard 115.317: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.317 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

#### **115.317 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No



#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, makes 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 ☐ No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

#### 115.317 (e)

- 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 ☐ No

#### 115.317 (f)

- 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 ☐ No
- 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 employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

### 115.317 (h)

- 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc. Human Resource Policies are aligned with PREA Standard 115.317. The combination of policies and interview with the Human Resources Manager provided details regarding the hiring process, completion of background checks, and the grounds for termination. The policies provide that background checks occur and that child abuse registries are checked prior to employment and yearly thereafter. Annual criminal background and central registry checks are required annually by the state licensing department, the Division of child Welfare Licensing.

Policy prohibit the hiring or promoting anyone who may have contact with residents and prohibit enlisting the services of any contractor who may have contact with residents who has engaged in previous sexual misconduct.

Interviews: Human Resource Manager; PREA Compliance Manager, Agency PREA Coordinator

Observation: Review of a sample of personnel files and PREA Screening Forms.

The combination of policies and interviews with Human Resource Manager provided details regarding the hiring process, completion of background checks, and the ground for termination. The policies provide that a complete comprehensive background check occur prior to employment. The background check is completed by the Marquette Office HR staff. In interviews with Human Resources Manager and a review of random personnel files of employees, the agency performs criminal background records checks before hiring new employees. The agency will not hire or promote a staff member, or

enlist the services of any contractor or volunteer who may have contact with youth, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or has been civilly or administratively adjudicated to have engaged in activity.

All applicants are asked about prior misconduct and are required to certify and confirm by signing a Prison Rape Elimination Act Pre-employment Self-Report form. Employees have a duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Interviews with administrative staff and personnel staff indicated the facility considers 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 youth. The agency provides 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. A review of documentation (PREA Screening Form) supports compliance to this standard.

The interview conducted with the Human Resource Manager confirmed the facility considers any incident of sexual abuse or sexual harassment in determining whether to hire an individual contract for services or whether to promote an employee. Human Resource Manager also verified the requirement that all staff have a continuing duty to report related misconduct and provide that omissions of such conduct or providing false information will be grounds for termination.

## **Standard 115.318: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.318 (a)**

- 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.)  
☐ Yes ☒ No ☐ NA

#### **115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

There has not been a substantial expansion or modification to the facility since the last PREA audit.

# RESPONSIVE PLANNING

## Standard 115.321: Evidence protocol and forensic medical examinations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- 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   ☐ No   ☐ NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA
- 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   ☐ No   ☐ NA

**115.321 (c)**

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.321 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

**115.321 (e)**

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.321 (f)**

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

**115.321 (g)**

- Auditor is not required to audit this provision.

### 115.321 (h)

- 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Policies JR5 (560) DHS/PREA and Teaching Family Homes of Upper Michigan Inc. PREA policy and staff interviews confirm requirement of staff to adhere to a uniform evidence protocol.

Interviews: PREA Compliance Manager; Consultant; Consultant Random and Specialized Staff; Interviews with special category Youth; interview with Youth.

If it is believed or determined that a sexual assault/rape occurred, that the alleged sexual assault occurred within the last 96 hours, Consultant or designee must make the arrangements to transport resident to local emergency room for a rape kit. (MOU in place between Helen Newberry Joy Hospital and Teaching Family Homes of Upper Michigan Inc. /SANE Nurses available) The area where the incident occurred must be secured for evidence collection. First responder staff will act to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. This may include requesting that the alleged victim or abuser not take any actions that could destroy evidence; including as appropriate washing, brushing teeth, changing clothing, urination, defecating drinking or eating.

Facility reported no forensic medical exams in the past 12 months.

Alleged victims and alleged perpetrators of sexual assault are encouraged to complete an HIV test. The victim of sexual assault/rape or attempted sexual assault /rape is provided mental health assistance and counseling as determined necessary and appropriate. MOU in place with Harbor House Sexual Assault Program (will provide 9-5 hotline services for counseling and advocacy)

Additional counseling services available through Teaching Family Homes of Upper Michigan Community Service (employ State of Michigan Licensed Social Worker) and would be able to provide counseling and advocacy services as needed. All medical and mental health services will be provided without charge to the resident.

An MOU exist between Lake Area and Luce County Sheriff Department and child protection services to investigate all PREA allegations. MOU requires that sheriff department investigators follow protocol for the investigations involving juveniles.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

### **115.322 (b)**

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

### **115.322 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
☒ Yes ☐ No ☐ NA

### **115.322 (d)**

- Auditor is not required to audit this provision.

### **115.322 (e)**



- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Facility Policy Teaching Family Homes of Upper Michigan Inc. (PREA) and DHS Policy SR5560 (PREA) interview with staff and Residential Consultant ensure allegations of sexual abuse and sexual harassment will be investigated. Child Protection Services/Police must be contacted to take victim statements and open an investigation.

Document Review: Pre-audit Questionnaire PREA File Checklist; PREA Investigation Summary; Victim Notification of Results of Investigation; Include Review PREA After-Action Checklist.

Interviews: Staff; Youth, special category Youth; PREA Compliance Manager; Mental Health Staff

Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document reports. Staff interviews verified awareness of this protocol. During the past 12 months there were zero allegations received and referred for administrative investigation. During the past 12 months zero allegations referred for criminal investigation. The Michigan Department of Health and Human Services website provides the information and policy for reporting allegations of sexual abuse. Reporting information is also posted in various areas of the facility, accessible to residents, staff and visitors.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.331 (a)



- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc. PREA Policy Section C #1-3 addresses PREA related training for staff. The policies, training materials, staff interviews and a review of training rosters document that the staff training occurs.

Interviews: Random and specialized Staff; Specialized and Contract staff; Volunteers

Observations: Training records; staff performance.

Staff members interviewed was familiar with the primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Third shift direct care staff did not appear as

knowledgeable as other shift during interviews. A corrective action was directed by Residential Consultant. All third shift staff received refresher PREA training and the documentation was subsequently forwarded to the Auditor.

Gender responsive training is designed to provide staff training tailored to the unique needs of and attributes of the gender of the residents at the facility. Staff must sign a written acknowledgement that they read and understand the policies and procedures. The Program Director and PREA Compliance Manager ensure key information is continuously and readily available and/or visible to all staff. When a staff that have been trained later transfer to work a unit housing a different gender, then additional gender-specific training is required.

The Direct Care, Medical and Mental Health Staff interviewed reported receiving the PREA training as required. Facility PREA Policy provides that PREA refresher training is conducted yearly. All Direct Care, Medical and Mental Health staff interviewed and a review of training documentation verified the general topics included in the PREA standards are addressed in the training provided by the facility. Auditor reviewed PREA refresher training curriculum.

## **Standard 115.332: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.332 (a)**

- 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 ☐ No

#### **115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

#### **115.332 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Policy and Document Review:

A review of DHS Policy SR5 560 and Teaching Family Homes of Upper Michigan Inc. PREA Policy c, #1-2 and review of training records document the training occurs. It includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment. The interview with a contractor and a volunteer confirmed their understanding of the facility's zero-tolerance of sexual abuse and sexual harassment.

Interviews: Staff conducting intake; staff conducting orientation (Youth education); PREA Compliance Manager; Youth; special category Youth.

### Observations: Training Records

The PREA training informs the contractors and volunteers of their role in reporting allegations of sexual abuse or sexual harassment. The contractors and volunteers are informed of their responsibilities regarding sexual abuse prevention detection, and response to a PREA allegation. The training is based on the services provided by contractors and volunteers. All volunteers and contractors who have contact with youth are notified of the Department's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer Acknowledgment Statement.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

#### 115.333 (b)

- 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 sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- 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 ☐ No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
☒ Yes ☐ No

#### 115.333 (f)

- 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 ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review: Teaching Family Homes of Upper Michigan PREA Policy Section 1, 2 and 7 provide all residents admitted receive information about the facility and the rules. PREA education is also included and involves direction to residents about how to report allegations of sexual abuse and sexual harassment and the right to be free from retaliation for reporting, as well as other rights. Policy states additional education will be provided to residents within 10 days of intake. The resident handbook provides information to residents on how to report allegations of sexual harassment and sexual abuse.

Interviews: Staff conducting intake; staff conducting orientation (Youth education); PREA Compliance Manager; Youth; special category Youth.

Observations: Youth PREA education records.

The intake coordinator provides the PREA education to residents. The PREA Compliance Manager serves as the back-up for conducting PREA education sessions with residents. The PREA related information is a part of the intake packet completed with each resident and residents sign an acknowledgement form. Interviews with Intake Coordinator and residents indicated that the PREA education sessions occur. Auditor reviewed all PREA acknowledgement forms.

The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. The facility has the PREA related information posted in the living units and other areas. The facility will be provided interpretive and translation services as determined through a review of documentation and interview with Intake Coordinator. The PREA related information is provided to staff through facility policies, training and staff meetings.

Resident and staff interviews confirmed that residents are not used as translators or readers for other residents. Staff members provide support to resident as needed and to ensure access to services that will provide disabled residents the opportunity to participate in and benefit from PREA education

sessions. An additional resource includes Interpretive Services. The facility report that eleven residents admitted in the last 12 months, received comprehensive age-appropriate PREA education.

## **Standard 115.334: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.334 (a)**

- 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 ☐ No ☒ NA

### **115.334 (b)**

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

### **115.334 (c)**

- 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 ☐ No ☒ NA

### **115.334 (d)**

- Auditor is not required to audit this provision.

## **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review: PREA Policy 14M, section H, directs that each incident of alleged or reported sexual abuse/sexual assault must be investigated to the fullest extent possible. Section H.1.d requires that qualified investigators conduct the investigation and collect physical evidence. Training Certificates confirming training for investigators.

Interviews: PREA Compliance Manager; Staff

Observations: Training Documentation

The facility has assigned two staff as PREA investigators, and they have provided documentation to show completion of the online training provided through the National Institute of Corrections titled, "PREA: Investigating Sexual Abuse in a Confinement Setting." All cases of sexual abuse will be referred to the Luce County Sheriff's Office for investigation. However, the facility investigators have the training to complete administrative investigations that are non-criminal. The Luce County Sheriff's Office does have an investigator who has been specially trained to conduct youth sex abuse investigations. The Auditor was unable to reach Luce County Investigator.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No



- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

#### 115.335 (c)

- 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? ☒ Yes ☐ No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section C.5 provide that all full and part time medical and mental health staff are required to receive the regular PREA training and the specialized training available through the National Institute of Corrections.

Forensic and medical exams will not be conducted on site.

Interviews and Observations: A review of the training records and interviews with mental health staff revealed their completion of the specialized training.

The facility does not have medical staff. Medical and dental services are provided off site at Helen Newberry Joy Hospital.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.341 (a)

- 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 ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- 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 ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- 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 ☐ No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section B ensures that prior to placement a referred youth's behavior history is reviewed by the Intake Coordinator and Consultant of Residential Services or designee. The client behavior history is reviewed prior to intake during screening processes and as part of the orientation/treatment planning to determine if the client is prone to victimize other clients, especially in regard to sexual behavior based on the following risk factors: a) History of sexually aggressive behavior b) History of violence as related to a sexual offense c) Anti-social attitudes indicative of sexually aggressive behavior.

Interviews: PREA Compliance Manager; Interviews with Psychologist who conduct victim/aggressor assessments; Interviews with Youth.

Observations: Housing practices in accordance with standards.

Staff also completes the PREA Intake screening to determine the potential risk of sexual vulnerability and propensity to victimize other youth, especially in regard to sexual behavior. This screening must occur within 72 hours. The residents who score vulnerable to victim or sexually aggressive are included into the alert system (High Alert Status) as well as receiving as identified. The completed risk assessment instruments are accessible to the treatment staff and Consultant. The files were observed to be maintained in a confidential manner. The residents interviewed were able to identify specific areas that are inquired about in the risk of victimization screening.

Per policy, if a youth chooses not to respond to questions relating to his level of risk, he shall not be disciplined. Staff are required to encourage residents to respond to the questions to better protect them, but staff are prohibited from disciplining them for not answering any of the questions.

The screening process considers minimally, the following criteria to assess youth's risk of sexual victimization: Whether the Youth has a mental, physical, or developmental disability; the age of the youth; the physical build of the Youth; whether the Youth has been previously incarcerated; whether the youth's criminal history is exclusively nonviolent; whether the Youth has prior conviction for sex offenses against an adult or child; whether the Youth is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the youth has previously experienced sexual victimization; the youth's own perception of vulnerability and whether the Youth is detained solely for civil immigration purposes. It also considers prior acts of

sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are: physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

In making housing assignments for transgender or intersex youth, the Department will consider on a case-by-case basis, whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex youth will be reassessed at least twice a year to review any threats to safety experienced by the youth.

Policy also requires that youth who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### **115.342 (b)**

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

#### 115.342 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.342 (d)

- 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 ☐ No
- 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 ☐ No

#### 115.342 (e)

- 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 ☐ No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

#### 115.342 (h)

- 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 ☐ No ☒ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

#### 115.342 (i)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section B #3: the risk assessment is used to determine appropriateness of placement, housing and High Alert Status. High Alert Status is designed to ensure resident safety and freedom from sexual abuse or harassment. Isolation is not used in this facility and there has not been a resident placed in isolation on controlled observation during this audit period due to concern for their safety from sexual abuse. Random staff interviews indicated that protective measures would be taken immediately if it was determined that a resident who at risk for imminent sexual abuse.

Teaching Family Homes of Upper Michigan PREA Policy Section B, #4 prohibits placing lesbian, bi-sexual, transgender or intersex residents in specific housing or making other arrangements solely based on how the residents identify or their status. Teaching Family Homes of Upper Michigan does not accept youth into residential program who have been convicted of sexual crimes unless they have completed a program of sexual youth treatment.

Interviews: Staff conducting Victim/Aggressor Assessments; ID Staff; Classification Staff

Agency policy and staff interviews support that housing and program assignments for transgender or intersex residents would be made on a case by case basis to ensure the residents health and safety. The resident's concern for his own safety is taken into account through responses obtained from the risk assessment and confirmed through resident's interviews.

## REPORTING

### Standard 115.351: Resident reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No



- Does that private entity or office allow the resident to remain anonymous upon request?  
☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  
☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section E, First Paragraph addresses the standard and provides multiple internal ways a resident may report including how he can privately report sexual abuse, sexual harassment and retaliations. Residents may report to a staff member, clients may also write down their report and use the youth and family grievance system to submit report. Access to writing tools is provided. Information about reporting allegations of sexual abuse and

sexual harassment is also contained in the resident handbook and is posted in the living units and other areas of the facility. Residents and staff interviews revealed their awareness of the methods a resident may report allegation. The facility reports residents are not detained for civil immigration purposes.

Interviews: Staff; PREA Compliance Manager; and Special Category Youth who disclosed victimization

All residents interviewed stated that they have the ability to report to someone that does not work at the facility. Also, staff and residents understand that a third party may report allegations either in writing, anonymously and/or through the abuse hotline. (Department of Health and Human Services Protective Services)

Policy and staff interviews support that staff members receiving a report of sexual assault/rape or attempted sexual assault/rape or staff neglect and/or violation of responsibility that contributes to the abuse on staff that become aware of sexual activity between clients or between a client and staff, contractor, visitor, or volunteer must immediately report this event to their supervisor. Staff members receive information on how to report through policies and procedures, training, staff meetings and posted information.

## **Standard 115.352: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.352 (a)**

- 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. ☐ Yes ☐ No ☒ NA

#### **115.352 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring a 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 ☐ No ☒ NA

#### **115.352 (c)**

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

#### 115.352 (d)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

#### 115.352 (e)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

#### 115.352 (f)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

#### 115.352 (g)

- 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 ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section J and the resident handbook provide that the grievance process may be used to report allegations of sexual abuse or sexual harassment. The grievance form may be completed and submitted to staff or placed in the locked grievances box at any time regardless of when the incident was alleged to have occurred. The resident is not required to handle an emergency grievance informally by attempting to resolve the situation with the staff. During the past 12 months there has been zero grievances filed that alleged sexual abuse. When a grievance is filed and the agency determines that the 90 day time is insufficient to make an appropriate decision, a request for extension must be approved by Residential Consultant. The agency will notify the resident in writing of any approved extension including a date by which the decision will be made.

Interviews: Grievance Officer; Staff; Youth; PREA Compliance Manager.

Policy does support a third party or outside advocate assisting a resident in filing grievances regarding sexual assault and to file grievance on behalf of the resident. The agency will document if the resident declines to have third party assistance in filing a grievance alleging sexual abuse. Parents or legal guardians may file a grievance alleging sexual abuse, including appeals on behalf of a resident regardless of whether or not the resident agrees with the filing. If the alleged victim declines to have the grievance processed on his behalf, the facility must document the youth's decision. Emergency grievances alleging sexual abuse and/or the imminent threat of sexual abuse must be responded to immediately.

The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation may be conducted by Child Protective Services and/or local police.

The facility and agency policies provide that a resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. Residents understand that they will not be punished if a report is made in good faith, as determined through interviews. Both youth and staff interviewed identified the grievance process as one of the methods that may be used to report allegations of sexual abuse or sexual harassment.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.353 (a)**

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.353 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section F addresses the residents' access to outside confidential support services and communications with the parent/guardian and legal representation. An MOU exists between Teaching Family Homes of Upper Michigan, Inc. and Harbor House Sexual Assault Program. Contact information for the center is posted. Teaching Family Homes of Upper Michigan Community Services employ State of Michigan licensed social workers also available to provide support services.

Interviews: PREA Compliance Manager, PREA Coordinator, Youth; Advocate, MOU with Harbor House crisis center.

Observations: Telephones and the information posted.

The facility successfully entered into an MOU with the Harbor House crisis center, which provides that residents who were the victims of sexual violence would have access to emotional support via telephone conversations, with a counselor or advocate free of charge. During site tour, the auditor observed several posters with toll-free numbers to outside resources. Additionally, when residents arrive to the facility, they are given a copy of the Youth Safety Guide, which contains toll-free numbers for other outside resources. Youth residents were aware of the toll-free numbers and their right to report sex abuse if needed. The auditor dialed the number listed on the toll-free hotline, and got a recording asking to leave a message, which was done. The call was returned a short time later.

The majority of the residents interviewed were familiar with types of services that would be provided if they ever needed them. Policy states that clients must be informed prior to giving them access to outside victim advocates, if the extent to which reports of abuse will be forwarded to authorities.

All residents' interviews and interviews with PREA Compliance Manager and Facility Consultant support residents are provided confidential access to their attorney or other legal representative and reasonable access to their parents/legal guardian. All residents interviewed stated family could visit and they provided the days and times of visitation and phone calls.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section, J addresses third party reporting. Resident interviews revealed residents are aware that third-party reporting of sexual abuse or sexual harassment can be done. All residents interviewed stated they know someone who did not work at the facility that they could report to regarding the allegations of sexual abuse. Staff interviews revealed their knowledge of third-party reporting and that they can receive allegations from third-parties. Information regarding reporting was provided through observed postings. The Michigan.gov and Teaching Family Homes of Upper Michigan, Inc. websites contains information regarding third-party reporting of allegations of sexual abuse.

Interviews: Youth, and special category Youth; Staff; PREA Compliance Manager; Direct Care Staff

Observations: Information posted

Interviews with direct care staff revealed that they are aware of their obligation to receive and submit reported allegations from others immediately. During interviews residents were able to list the different reporting methods within the facility in which residents may make reports such as hotline, talking to staff grievance and third-party reporting. Third parties, including fellow youth, staff, family attorneys, and outside advocates may assist a youth filing grievances relating to allegations of sexual abuse and harassment.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.361 (a)



- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### **115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

#### **115.361 (c)**

- 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 ☐ No

#### **115.361 (d)**

- 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 ☐ No
- 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 ☐ No

#### **115.361 (e)**

- 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 ☐ No
- 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 ☐ No
- 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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA

- 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 ☐ No

#### 115.361 (f)

- 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 ☒ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section F and PREA Training Curriculum requires all staff, volunteers or contractors to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurs within the facility, retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibility that may have contributed to an incident or retaliation. Medical and mental health staff will report all allegations of abuse or sexual harassment to designated supervisors. Allegations are documented by the DHS-3200 report of actual or suspected child abuse or neglect. The site supervision must immediately relay the report to the facility Consultant or designee. The Administrator is responsible for notifying DCWL.

Interviews: PREA Coordinator; PREA Compliance Manager; Staff; Direct Care and Mental Health Staff; Investigators; Consultant.

Direct Care and mental health staff revealed through interviews their awareness of the requirements regarding reporting duties and acknowledged they are mandatory reporters and must immediately report all allegations of sexual abuse and complete a written report. (In accordance with Michigan

Mandatory Reporting Law) Staff are also required to report allegations that were made anonymously or by third-party.

Teaching Family Homes of Upper Michigan PREA Policy Section H, 2nd paragraph provides that apart from reporting to the designated supervisors, staff must not discuss the details of the sexual abuse reports with anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Interviews with Consultant reveals that when the facility receives an allegation of sexual abuse, administration reports the allegation to Parent, Caseworker, Child Protective Services, Department of Child Welfare and the Police.

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section G requires staff to protect the residents through immediately implementing protective measures. Interviews with Residential Consultant that support practice shared by line staff. Resident will be placed on high alert status so that they are supervised consistently, create a safety plan, and assign his room based on his status.

Interviews: PREA Compliance Manager; Random Staff;

Staff interviewed were well aware of their first responder duties and responsibilities, as it relates to having knowledge of a Youth being in imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the Youth. They

also stated they would separate the potential victim/predator, secure the potential crime scene to protect possible evidence, not allow Youth to destroy possible evidence and contact the shift supervisor, medical and psychology staff. In the past 12 months, there were no instances where facility staff determined that an Youth was subject to substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire documented there have been no incidents in which an Youth was at substantial risk of imminent sexual abuse during the past twelve months.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- 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 ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section F, #9 and interview with Consultant require upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility Consultant must report Consultant-to-Consultant to the other facility within 72 hours. (All other applicable reporting requirements still apply) The facility has no receipt of reports from other facilities during the past 12 months. Residential Consultant acknowledged during interviews the requirement that allegations received from other facilities must be investigated.

#### Interviews: PREA Compliance Manager

Policy requires that any allegation by a Youth that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months there were zero allegations received that a Youth was abused while confined at another facility. Appropriate protocol is in place in the event information is received regarding an abuse allegation occurring at another facility. Reports of sexual abuse or harassment, occurring while a youth was housed at a different facility, is documented and investigated by agency trained investigators.

### Standard 115.364: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.364 (a)

- 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   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: 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   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes   ☐ No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section H and Section F, #3 requires any staff acting as a first responder must separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence. The policy directs the first responder to request that the alleged victim does not wash, brush their teeth; change clothes; wash or do anything that may destroy evidence.

Interviews: Staff; Facility Based Investigators; PREA Compliance Manager; Special Category Youth.

All staff interviewed was extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the Youth, secure the potential crime scene, would not allow Youth to destroy any evidence, contact the shift supervisor and refer the Youth to medical and psychology staff. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. During the past 12 months, there was 0 (zero) instance in which the first to respond was a non-security staff member. As required by policy, the non-security staff member will notify security staff and request the alleged victim not take any actions that could destroy physical evidence. A review of policy and staff interviews confirmed compliance to this standard.

Policy and procedures require that upon learning of an allegation that an Youth was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005,

Crime Scene Preservation; 3) If the abuse occurred within 72 hours 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; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately.

Interviews with staff members who would serve as first responders reveals that they are aware of their duties. Policy notes that for purposes of PREA all staff will respond as security staff. During this reporting period, there was not an allegation of sexual abuse that required the implementation of the first responder duties regarding preserving or maintaining evidence.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

The facility has a written institutional plan coordinated response which is an outline for the actions of the various identified staff such as the first responder, supervisors, mental health and management staff. Staff members interviewed was familiar with their role regarding the response to an allegation of



sexual abuse. PREA policy 14M and attachment 6, PREA Coordinated Response Plan, includes the actions to be taken for first responders, supervisors, administration, the facility Consultant, medical and mental health providers and investigators.

Interviews: Staff

Staff interviewed were aware of the first responder obligation to separate and keep safe, to protect a potential crime scene, to notify the supervisor, and to report to child protective services. However, though staff were aware of the need to keep the victim from activities which might destroy physical evidence, no mention was made of the need to prevent the perpetrator from doing so. The facility does have a written institutional coordinated response plan.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.366 (a)**

- 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 ☒ No

### **115.366 (b)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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



## Standard 115.367: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fears 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? ☒ Yes ☐ No

#### 115.367 (c)

- 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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: Act promptly to remedy any such retaliation? ☒ Yes ☐ 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: Any resident disciplinary reports? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

#### 115.367 (e)

- 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?  
☒ Yes ☐ No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section F, #10 provides protection to residents and staff from retaliation.

Interviews: PREA Compliance Manager; Youth; Special Category Youth; staff; Program Consultant.

The retaliation monitor has been identified as the Program Manager. The related interview revealed he understands the responsibility of observing for whether or not retaliation occurs after a resident or staff reports allegations of sexual abuse or cooperates with an investigation, including changes in housing or staff. The monitoring will take place for a period of 90 days or longer, as needed. This will be documented in residents' case file. Monitoring should include multiple methods, including but not limited to observation, direct questioning and review of logs and incident reports. There have been no incidents of retaliation in the past 12 months.

## Standard 115.368: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.368 (a)

- 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 ☒ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Interviews: Teaching Family Homes of Upper Michigan Pre-Audit Questionnaire; Consultant, PREA Compliance Manager; Staff; Youth, and special Category Youth.

Teaching Family Homes does not utilize segregated housing to protect residents who are alleged to have suffered sexual abuse.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

#### 115.371 (e)

- 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 ☐ No

**115.371 (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 ☐ No
- 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 ☐ No

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

**115.371 (h)**

- 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 ☐ No

**115.371 (i)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ Yes ☐ No

**115.371 (j)**

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
☒ Yes ☐ No

**115.371 (k)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
☒ Yes ☐ No

**115.371 (l)**

- Auditor is not required to audit this provision.

**115.371 (m)**

- 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section H, 1st/2nd Paragraphs, staff interviews and a review of documentation provide that investigations are conducted by DHS Child Protective Services and Criminal Investigations are conducted by Luce County Sheriff's Office. There were no incidents referred to the Luce County Sheriff office for criminal investigation.

Interviews: PREA Compliance Manager; Facility Based Investigator; Consultant

The facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Facility investigators have received the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNS evidence, and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal persecution, the agency conducts compelled interviews only after consulting with the State's Attorney's Office to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as Youth or staff. The agency does not require an Youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Substantiated allegations that appear to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or staff are employed by the agency, plus five years.

Policies direct facility staff to cooperate with investigations.

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

PREA policy 14M, section J.1.c states a standard of preponderance of evidence or lowered standard of proof is used for determining if allegations are substantiated.

Interviews: Consultant, PREA Compliance Manager; Internal Affairs Investigator

A review of training documents and interviews with the facility Internal Affairs Investigator indicated that the facility and 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. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations.

## Standard 115.373: Reporting to residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.373 (a)**

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

**115.373 (b)**

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

**115.373 (c)**

- 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 ☐ No
- 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 employed at the facility? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

**115.373 (d)**

- 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 ☐ No
- 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 ☐ No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

DHS Policy JR5 560 (PREA) and Teaching Family Homes of Upper Michigan Inc.'s PREA Policy contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. During the last 12 months there were two allegations of sexual abuse which were investigated by Child Protective Services. One allegation was screened out and the other sexual abuse was not substantiated.

#### Interviews: Consultant, PREA Compliance Manager; Program Consultant

The Agency has a policy requiring that any Youth who makes an allegation that he suffered sexual abuse in an Agency facility is informed, verbally and in writing, whether the allegation has been determined to be substantiated, unsubstantiated or unfounded, at the conclusion of the investigation. During this audit period, there were no criminal/administrative investigations of alleged sexual abuse that were completed by an outside agency (Luce County Sheriff's Office). There were zero (0) administrative sexual abuse allegation investigations that were completed by facility investigator. Interview with PREA Compliance Manager and file review provided verification of facility compliance with this standard.

Notifications are required to be documented. If an Youth is released from the Department's custody the Department's obligation to "notify" the Youth of the outcome of the investigation is

terminated. Notifications are required to comply with the PREA Standards.

If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the resident of the outcome of the investigation.

Policy requires to notify the resident when a staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the resident when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The notification form would document, for the youth, if the investigation was determined to be substantiated, unsubstantiated, unfounded or referred to OPS. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the resident is notified of any of the following if applicable:

- Staff member is no longer posted within the Youth's unit
- Staff member is no longer employed at the facility
- Staff member has been indicted on a charge related to sexual abuse with the facility
- Staff member has been convicted on a charge related to sexual abuse within the facility
- The alleged abuser (youth) has been indicted on a charge related to sexual abuse within the facility
- The alleged abuser (youth) has been convicted on a charge related to sexual abuse within the facility
- Other: Include explanation of why "other:" was checked.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

### 115.376 (c)

- 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 ☐ No

### 115.376 (d)

- 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 ☐ No
- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section K, A-B, DHS Policy JR5 560, HR Policy and employee handbook requires staff disciplinary sanctioned up to and including termination for staff that violate the facility's sexual abuse and sexual harassment zero-tolerance policy. The facility reports that during this reporting period no staff members violated facility or agency policy regarding sexual abuse or sexual harassment. The policies also mandate that the violation be reported to law enforcement.

Interviews: PREA Compliance Manager; Consultant; Staff, Human Resource Manager.

Disciplinary sanctions for violations of agency sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff

with similar histories. The interviews with the Human Resource Manager and the Residential Consultant revealed personnel practices and their knowledge of the related policies.

## Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc.'s HR Policy and employee handbook requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement and relevant licensing bodies.

Interviews: Consultant and Human Resource Manager

The documentation and interview with Consultant and Human Resource Manager revealed the facility takes measures to provide volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited. Interviews with a contractor and a volunteer support the occurrence of PREA training. Interviews revealed awareness of zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment of residents. During this audit period there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
☒ Yes   ☐ No

### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes   ☐ 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? ☒ Yes   ☐ 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? ☒ Yes   ☐ 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? ☒ Yes   ☐ 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? ☒ Yes   ☐ No

### **115.378 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes   ☐ No

### **115.378 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ 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? ☒ Yes ☐ No

#### 115.378 (e)

- 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 ☐ No

#### 115.378 (f)

- 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 ☐ No

#### 115.378 (g)

- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

Teaching Family Homes of Upper Michigan PREA Policy Section A, #2i and DHS Policy JR5 560 address the administrative process for any resident found in violation of the facility's zero-tolerance

policy against sexual abuse, sexual assault or sexual harassment. A resident may also be referred to law enforcement for charges and possible removal from the facility regarding resident-on-resident abuse.

Interviews: Consultant; PREA Compliance Manager

Residents will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred and the allegation was made in good faith.

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

Staff interviews reveal knowledge of policy and agency zero-tolerance for sexual abuse/harassment.

## MEDICAL AND MENTAL CARE

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.381 (a)

- 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 ☐ No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.381 (c)

- 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 ☐ No

#### 115.381 (d)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Policy JR5 560 (PREA) and Teaching Family Homes of Upper Michigan Inc.'s PREA policy addresses this standard, including providing a follow up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screenings. During the review of documents and interview with residents there was zero (0) youth who disclosed prior victimization during his initial screening. During the interview with the Manager of Clinical Services, he confirmed that all youth are offered follow-up-meetings with mental health providers.

#### Interviews: Staff

The intake grid for Teaching Family Homes of Upper Michigan is acceptance of youth ages 12-18 so informed consent not required.

The practice is residents are generally seen by Mental Health on the same day as admission. Information related to sexual victimization or abusiveness which occurred in an institutional setting is limited to medical.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.382 (a)



- 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 ☐ No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.382 (c)

- 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 ☐ No

#### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

DHS Policy JR5 560 (PREA) and Teaching Family Homes of Upper Michigan Inc.'s PREA Policy requires timely and unimpeded access to emergency medical treatment and crisis intervention services for victim of sexual abuse will be provided by medical and mental health staff as required. Processes and services are in place for a victim to receive timely access to sexually transmitted infection

prophylaxes, where medically appropriate, at the local hospital and follow up as needed. A review of documents reveals that the one incident that required medical attention, protocol was followed and youth received timely medical attention. It is documented through policies and understood by staff that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation.

Interviews: PREA Compliance Manager; Interviews with Staff; Security and Non-Security First Responders

The interview with the Manager of Clinical Services revealed residents have access to unimpeded access to emergency services and medical and mental health services are determined according to the professional judgement of the practitioner. Policies and procedures and a documented coordinated response plan exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse.

Staff interviews confirmed their awareness of the policies and the methods to implement for protecting residents. Interviews also confirmed timely information would be provided to a victim regarding sexually transmitted infection Prophylaxes.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.383 (a)**

- 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 ☐ No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### **115.383 (e)**

- 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 ☐ No ☒ NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc.'s PREA Policy, interview with the Manager of Clinical Services confirmed that on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. Staff interviews supported that on-going services would include collaboration among medical and mental health staff providing services and referrals as needed. The nurse confirmed that resident victims will be offered tests for sexually transmitted infections as medically appropriate. All treatment services will be provided at no cost to the victim.

Interviews: Staff; Youth; PREA Compliance Manager

Staff interviews and observations revealed medical and mental health services are consistent with the community level of care. The policies and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse in any facility. The related policy provides for a mental health practitioner to conduct a mental health evaluation within 60 days on a resident who discloses resident-on-resident abuse. According to the Manager of Clinical Services, residents receive comprehensive mental health evaluations within 30 days.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ 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? ☒ Yes ☐ No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc.'s PREA Policy and DHS Policy JR5 560 (PREA) provide for an incident review to be conducted within 30 days of the completion of an investigation in accordance with the standard. The policies outline the requirements of the standard for the areas to be assessed by the incident review team. The policies also identify the positions that comprise the team. The Residential Consultant is knowledgeable of the purpose of the incident review process.

#### Interviews: PREA Compliance Manager

During this audit period, there were no investigations completed by the Child Protective Services. A format has been developed for the incident review process, including allowing for the assessment of the circumstances surrounding the incident and inclusion of recommendations. The Consultant; Program Manager; and PREA Compliance Manager participate in the incident review team process. Interviews confirm that they would document their reviews on the sexual abuse allegation/incident review form that captures all aspects of an incident.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### 115.387 (e)

- 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 the confinement of its residents.) ☐ Yes ☐ No ☒ NA

#### 115.387 (f)

- 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.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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**Policy and Document Review:**

Teaching Family Homes of Upper Michigan Inc.'s PREA Policy and a review of reports confirm that Teaching Family Homes of Upper Michigan collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for Teaching Family Homes of Upper Michigan facility and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice (DOJ).

Interviews: PREA Coordinator; PREA Manager; Consultant

Observation: Data

The facility collects and maintains data in accordance with directives. Teaching Family Homes of Upper Michigan Inc. aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ No

#### **115.388 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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#### Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc.'s PREA Policy provides guidance regarding this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; developing and implementing corrective actions as needed; and preparing an annual report based on the collected data. The policy also states that an annual report will be prepared that will provide an assessment of the agency's progress in addressing sexual misconduct.

Interviews: Consultant; Agency PREA Coordinator; PREA Compliance Manager; Teaching Family Homes Pre-Audit Questionnaire

Observation: The annual report is approved as required.

The report reflects that the agency has compared the results of annual reports and used them to continuously improve policies; procedures; practices; and training on a statewide basis. The annual report has been reviewed and the report is accessible to the public through the Teaching Family Homes of Upper Michigan website. There are no personal identifiers on the annual reports.



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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
☒ Yes ☐ No

### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy and Document Review:

Teaching Family Homes of Upper Michigan Inc.'s PREA Policy provide that all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless statutes require otherwise. According to the policy, the aggregated sexual abuse data from all facilities will be

readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified that there are no personal identifiers, as required.

Interviews: PREA Coordinator; PREA Compliance Manager; Consultant

Observation: Files are securely stored.

Teaching Family Homes of Upper Michigan PREA Policy provide that all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless statutes require otherwise. According to the policy, the aggregated sexual abuse data from all facilities will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified that there are no personal identifiers, as required. The report cover all data required in the elements of this standard.

Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
☒ Yes   ☐ No   ☐ NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes   ☐ No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes   ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with youth, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility was previously audited in June 2015 and the auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and residents; and observations.

#### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This facility was previously audited in 2015 and the auditor confirmed the audit report was posted on the Michigan Department of Human and Health Services website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policy were reviewed regarding compliance with the standard and have been identified in the report. The audit findings were based on a review of policies and procedures and reporting documentation; interviews with staff and residents; and observations.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII)

about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mable P. Wheeler

6/25/18

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.