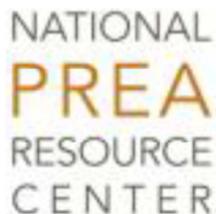


PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of facility:	Maxey Boys Training School	
Physical Address:	8701 E. M-36, PO Box 349, Whitmore Lake, MI 48189	
Date report submitted:		
Auditor Information:	Talia Huff (Labouchardiere)	
Address:	Box 491 Larned, KS. 67550	
E-Mail:	tlabouchardiere@hotmail.com	
Telephone number:	785-766-2002	
Date of facility visit:	August 18-19, 2014	
Facility Information		
Facility mailing address:	8701 E. M-36, PO Box 349, Whitmore Lake, MI 48189	
Telephone number:	734-449-4422	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
Facility Type:	<input checked="" type="checkbox"/> Juvenile	
Name of PREA Compliance Manager:	Renee Harris	Title: PREA Juvenile Coordinator
E-Mail Address:	HarrisR4@Michigan.gov	Phone Number: 734-449-3658
Agency Information		
Name of agency:	Michigan Department of Human Services, Juvenile Justice Programs	
Governing authority or parent agency: (if applicable)	State of Michigan	
Physical address:	120 N. Washington Sq, Ste 300, PNC Building, Lansing MI 48933	
Mailing address: (if different from above)		
Telephone Number:	517-335-3489	
Agency Chief Executive Officer		
Name:	Maura Corrigan	Title: Director
E-Mail Address:	CorriganM@Michigan.gov	Telephone Number:
Agency –wide PREA Coordinator		
Name:	Patrick Sussex	Title: PREA Juvenile Coordinator
E-Mail Address:	SussexP@Michigan.gov	Telephone Number: 517-648-6503

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted of the Maxey Boys Training School on August 18-19, 2014. The audit was led by certified PREA auditor Talia Huff (Labouchardiere) and assisted by certified PREA auditor Mark Mora.

At least six weeks prior to the audit, MBTS posted an Auditor Notice provided by the auditor. In addition, documentation was provided to the auditor prior to the audit; to include the Pre-Audit Questionnaire, provided via a thumb drive. Correspondence between the Auditor and the PREA Coordinator occurred throughout the pre-audit phase, and the auditor submitted a tentative audit schedule to the facility prior to arrival. The auditors reported to the Maxey Boys Training School to hold a brief opening meeting and initiate the on-site portion of the audit. The PREA Coordinator as well as the Superintendent was present for the opening meeting. The Superintendent then led the auditors through a tour of the facility, throughout which auditors observed PREA signage and asked questions in order to gain a better understanding of the facility's physical plant, daily operations, and supervision of residents. Interviews of specialized staff and random staff as well as targeted residents and random residents were conducted by both auditors; 10 random residents and 10 random staff (from all three shifts). There were no transgender or intersex residents identified by staff or observed by the auditors nor were there any residents who reported sexual abuse, who disclosed prior sexual victimization during risk screening, or disabled/limited English proficient.

Additional secondary documentation was provided on-site and reviewed by auditors and staff were available for inquiry and consultation while auditors were on-site. An exit meeting was held prior to departure, which included the PREA Coordinator, Superintendent, and PREA Compliance Manager. Auditors retained the secondary documentation for additional needed review post audit. Correspondence post audit continued with the PREA Coordinator and facility staff to provide additional clarification particularly on policy, as there was some difficulty distinguishing agency from facility policy, for example.

On the whole and most importantly, auditors found Maxey Boys Training School to be a sexually safe environment. There were very few reports of sexual abuse and sexual harassment, which appeared to be corroborated through the staff and resident interviews. Technically speaking, in regard to satisfying all PREA standards, there are yet a few areas to shore up at this juncture.

DESCRIPTION OF FACILITY CHARACTERISTICS

Maxey Boys Training School (MBTS) is a 60 bed facility that serves male youth ages 12-21. MBTS, Green Oak Center as it was formerly known, was renovated in early 2011 and boasts a contemporary layout and features that are conducive to effective security and direct supervision as well as an environment of sexual safety. MBTS offers intensive or specialized rehabilitation treatment and a high level of program security and structure. Maxey offers individualized treatment planning by a multi-disciplinary team and provides specialized programming to include sex offender treatment, substance abuse education and treatment, criminal behavior treatment, and behavioral health treatment. Educational services as well as community reintegration, medical services, restorative justice, and spiritual development are also available.

Maxey Boys Training School is run by the Juvenile Justice Programs agency which is under the umbrella

of Department of Human Services run by the State of Michigan. The mission of the Agency is “Improving the quality of life in Michigan by providing services to vulnerable children and adults that will strengthen the community and enable families and individuals to move toward independence.”

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

115.311	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has written policy (JR5 560) mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.</p> <p>The PREA Coordinator and PREA Compliance Manager (PCM) stated they have sufficient time and authority to develop and oversee compliance and each facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to the Dr. Hermann McCall, Director of Juvenile Justice Programs (JJP). The PREA Compliance Manager (PCM) reports directly to the Superintendent, which indicates proper authority. Of note, the PCM's knowledge and understanding of the PREA standards was of a very superficial level, though, it was reported that the PCM had held the designation for only 4-5 months prior to the audit.</p>	
115.312	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF RESIDENTS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Juvenile Justice Programs (JJP) contracts with 34 facilities for the confinement of residents. All of those contracts require contractors to adopt and comply with the PREA standards. Auditors reviewed a Contracts Listing, which accounted for the "PREA Amendment Number." Those facilities have begun the auditing process, with which the agency will be able to monitor PREA compliance.</p>	
115.313	SUPERVISION AND MONITORING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>A staffing plan and annual staffing review was provided. Agency policy (Juvenile Justice Residential Policy 540) mandates youth ratios and staff supervision. Direct care staff are required to maintain line-of-sight supervision of all youth at all times. Currently MBTS maintains staffing ratios of 1:10 during waking hours and 1:20 during sleeping hours. The MBTS staffing plan is reviewed annually by the PREA Coordinator as well as the Bureau of Child and Adult Licensing for any needed corrective action. The review indicates that MBTS will meet the PREA-required ratios, of 1:8 during hours and 1:16 during sleeping hours, on or before December 31, 2016. MBTS is not subject to any state or federal findings of inadequacy at this time. The Staffing Plan review indicated that two blind spots were identified and that additional camera installation was scheduled to address this. Since there are so few reports of sexual abuse and sexual harassment, there were no trends or prevalence of incidents to consider. There were no deviations from the staffing plan.</p>	

The facility's physical plant, being constructed in 2011, was conducive to optimal security and sexual safety. There is a video monitoring system which is actively monitored and also used for post-incident investigations. Moreover, the Superintendent was able to articulate the requirements of PREA as it relates to the staffing plan, though, it was not clear that the PCM had the same understanding.

Maxey facility policy 560 mandates unannounced rounds by supervisory staff. Supervisory staff affirmed that unannounced rounds are conducted. Actual documentation of these rounds, on a MBTS "Supervisory Unannounced Rounds" log, began a month prior to the on-site audit, which auditors reviewed.

115.315 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

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

Auditor comments, including corrective actions needed if does not meet standard

Auditors found some contradiction relative to this standard. Maxey BTS Policy 511 requires that strip and pat down searches must be conducted by same-sex staff and witnessed by same-sex staff. This policy also asserts that any deviations from this must be documented and that body cavity searches are only conducted if authorized in writing by the Superintendent and must be conducted by a medical professional.

While on site, however, it was unanimously reported that strip searches, visual body cavity searches, and pat down searches were prohibited at MBTS. There were no such searches reported in the past 12 months.

Recently revised Maxey policy 540 enables residents to shower and perform bodily functions without being viewed by staff of the opposite gender and also requires opposite-gender staff to announce their presence. Staff reported that female staff do announce, though, at least half of the youth interviewed reported that female staff do not announce themselves.

115.316 RESIDENTS WITH DISABILITIES AND RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT

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

Auditor comments, including corrective actions needed if does not meet standard

Interviews supported that appropriate steps would be taken to ensure that disabled residents benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. However, the only established avenue is through direct staff assistance since there are no other materials or services available. Policy could be stronger in this area as well as establishing procedures and/or identifying resources such as contracting with interpreter services (and training staff on its availability and use), in case MBTS should encounter a disabled or limited-English proficient resident. Staff and administration reported that they had no disabled youth and didn't recall ever getting youth who were limited-English proficient.

It was noted during the tour that PREA signs were only posted in English and although it was reported

that MBTS doesn't normally receive youth who are limited-English proficient, it is possible for that need to arise for a resident or resident's family member. Recommended corrective action: this type of signage should particularly be posted in the visitation room; the one place it would be most visible for family.

Policy does prohibit the use resident interpreters and was also corroborated through staff and resident interviews.

Recommended corrective action: add signage for limited-English proficient residents and third parties (Spanish, possibly Arabic). This should be posted in visitation and other applicable conspicuous locations. In addition, a list of resources, for example, could be provided in order for staff to access materials or services for blind, deaf, or otherwise disabled residents. A list of staff of staff that are able and willing to provide interpretive services could be obtained also, for this purpose.

Update 10/21/2014:

PREA Coordinator provided documents-additional PREA signage in Spanish and a list of resources for staff use. PREA Coordinator also reported that the signs have been posted "alongside the English PREA signage in various locations in the building, including the front hallway and the visiting room." He added that the list of resources was compiled by the facility to respond to needs of potential LEP, disabled, blind, or deaf residents and that it includes the services of a contracted translation services provider. This provider, Linguistica International, is a service that can be used over the phone for any language translation or can be used to translate documents.

Auditors feel this satisfies the requirements of this standard.

115.317 HIRING AND PROMOTION DECISIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS and Agency (DHS) Policy 100—Hiring, Screening, and Employment prohibits the hiring of anyone who has been "convicted of a felony or certain other offenses specified in this policy, an individual who has a criminal case pending, an individual with a substantiated child abuse or neglect complaint, or an individual that appears on the Michigan or national sex offender registry..."

This was evidenced by auditor review of documentation and background checks. There were no new hires during the reporting period. Four contractors were hired and each had backgrounds conducted. Background checks are done annually.

Regarding misconduct of previous employees, distinction between agency responsibilities and facility responsibilities was difficult for auditors to ascertain and was unclear through interviews. Specifically, it was unclear who was charged with responding to inquiries from other institutional employers and who was charged with making those inquiries in the event it was needed through the hiring/promoting process. It was also unclear whether prior incidents of sexual harassment are considered in hiring or promoting decisions since that would reportedly be done by Labor Relations. Recommended corrective action: Review and solidify responsibilities relative to inquiries from, and making inquiries to, other

institutional employers.

115.317(f) requires that the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in 115.317(a). Agency or facility application did not meet this requirement. Recommended corrective action: MBTS creates an addendum to the background check process that asks applicants about previous misconduct in 115.317(a). It seems that changing the agency application would prove to be a lengthy and arduous process, though, to ensure continuity across the state; that would be optimal.

Update 11/2/2014:

PREA Coordinator reported the following:

PREA Coordination Patrick Sussex, Maxey Acting Director Rob Byrnes, and Maxey Personnel Director Sharon Noble conferred on 10/27/14 to review and solidify responsibilities relative to inquiries from, and making inquiries to, other institutional employers about employee/candidate previous sexual misconduct. Prior incidents of sexual misconduct and/or sexual harassment are considered by the facility when making hiring or promotion decisions...In regard to making inquiries to other institutional employers, that is the responsibility the Personnel Director, Ms. Noble...In regard to inquiries on former Maxey BTS employees made to Maxey BTS, it is the responsibility of the former direct report Supervisor to respond to those inquiries.

In regard to asking applicants about the misconduct described in 115.317(a), the PREA Coordinator reports that this language was added to the applicant interview questions, "Are you now, or have you ever been under discipline, including discipline for sexual misconduct or sexual harassment with youth at a previous institution..."

Auditors feel like this meets substantial compliance with this standard.

115.318 UPGRADES TO FACILITIES AND TECHNOLOGY

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

Auditor comments, including corrective actions needed if does not meet standard

There have been no substantial expansions or facility modifications since August 20, 2012. In addition, the PREA Coordinator asserted that he would be involved with any expansion or modification in order to ensure protection against sexual abuse.

115.321 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy (JR5 560) mandates the use of a uniform evidence protocol and MBTS policy 560 outlines that protocol. Auditors noted some discrepancy and confusion regarding investigations. It seemed clear that criminal investigations would be conducted externally by the Michigan State Police with possible

involvement from Child Protective Services. There were no criminal investigations during the reporting period. For administrative investigations, the pre-audit documentation stated that the facility did neither criminal nor administrative investigations. However, it was reported by MBTS that the facility did administrative investigations and that they were conducted by the Superintendent and the PREA Compliance Manager. The PCM reported that she was involved in the one administrative investigation that auditors reviewed for this reporting period. She was unaware of and did not articulate a uniform evidence protocol. Recommended corrective action: All staff that perform administrative investigations shall receive specialized training that addresses the use of a uniform evidence protocol; the requirements of 115.321.

Documentation of attempts to obtain victim advocacy from a community-based organization were not provided to the auditors. MBTS has licensed mental health staff that would act as qualified staff members and would provide this service in the event it was needed. There were no allegations or investigations during the reporting period that resulted in a forensic examination. In reference to 115.321(e), it was noted that, although there were no forensic exams, policy did not dictate that residents would be offered victim advocacy or emotional support through the exam process and investigatory interviews nor was it evident through interviews. Recommended corrective action: attempt to obtain victim advocacy from a community-based organization and retain documentation of such.

In reference to 115.321(f), auditors were not provided documentation that the agency or facility had requested that the investigating agency follow requirements of 115.321(a) through (e). Recommended corrective action: attempt to obtain requirements of 115.321(a)-(e) from the investigating entity and retain documentation of such.

Update 10/14/2014:

Staff responsible for conducting administrative investigations at Maxey BTS plan to obtain the required training for investigators, though, that has not been completed as of yet.

An MOU has been obtained with both a local victim advocacy center-Livingston Family Center-and with the Michigan State Police as well. Auditors were provided copies of both MOU's for review. Included in the MOU with the Michigan State Police is an agreement that the MSP will "Utilize investigators that have special training in sexual abuse investigations involving juvenile victims."

Once verification of the completion of the investigator training is received by auditors, substantial compliance should be reached.

Update 1/15/2015:

Auditors received certificates confirming that two staff members of Maxey BTS (which include the PCM and another staff member) have completed the "Forensic Interviewing of Children Seminar."

With this documentation, it appears that Maxey BTS has met this standard, though, auditors feel compelled to reiterate that only staff who have completed this required training should conduct administrative investigations of sexual abuse or sexual harassment. During the onsite portion of the audit, it was reported that the Director did conduct administrative investigations, so it is the assumption that he will no longer do so.

115.322 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey policy 560 states, "The staff member receiving the report of actual or suspected sexual abuse or rape must immediately call Children's Protective Services and report the incident and/or allegation." However, agency policy doesn't specifically address 115.322(b): "The agency shall have a policy 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." Auditors reviewed policy JR5 560 which only vaguely guides procedures for facility investigations and noted that it could be enhanced, but does not constitute a deficiency.

Moreover, there is a publication on the agency website that contains reporting information and data, though, it does not "describe the responsibilities of both the agency and the investigating entity" as required by 115.322(c). Recommended corrective action: distinguish responsibilities of the agency versus the investigating entity.

During the reporting period, there was 1 report of possible sexual abuse, which resulted in an investigation.

Update 12/4/14:

The agency has published its "Prison Rape Elimination Act Annual Report 2012-2013," on the agency website. Therein is a section which outlines investigative responsibilities between the agency and investigating entities.

Auditors feel this satisfies the standard.

115.331 EMPLOYEE TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

Required training elements of 115.31(a) were reviewed by auditors in the training curriculum. The documentation received by auditors pre-audit indicated that about 36% of staff had not received the PREA training. While auditors were on-site, auditors reviewed acknowledgement forms signed by all staff members. However, approximately 62% of the acknowledgement forms signed by staff (all in the month prior to the audit) stated, "I certify that I read and understood the required reading in lieu of PREA training, provided for Maxey BTS personnel, 2014." Considering most staff were not able to articulate the required elements of training in 115.331, this approach was not adequate. It was evident through staff interviews that they were aware of the zero tolerance policy for sexual abuse and harassment and all consistently spoke of separating and protecting the alleged victim as well as preserving and protecting the crime scene.

Recommended corrective action: All staff receive comprehensive PREA training. Pre and post tests,

though not required, would assist in ensuring comprehension of the material.

Update 10/24/2014:

PREA Coordinator reports that employee training has been delivered and that he co-facilitated with the PREA Compliance Manager for the first group of trainees.

Auditors feel that this meets substantial compliance for this standard.

115.332 VOLUNTEER AND CONTRACTOR TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy (JR5 560) and Maxey policy 560 mandate training for all volunteers and contractors and that they receive annual refreshers. Auditors reviewed signed acknowledgement forms for each.

115.333 RESIDENT EDUCATION

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

Auditor comments, including corrective actions needed if does not meet standard

All residents receive information regarding the zero tolerance policy and avenues to report sexual abuse and sexual harassment. The information is given in written form and is presented by staff on a one-on-one basis. Auditors reviewed signed acknowledgement forms of each resident. MBTS maintains documentation of resident participation and ensures that information is readily available to residents.

As with 115.316, auditors were not provided examples of resident education in formats accessible to those who may be deaf, blind, or limited English proficient, or otherwise disabled. Recommended corrective action: obtain the PREA material in Spanish, compile a list of resources, which could be provided to staff to access materials or services for blind, deaf, or otherwise disabled residents. A list of staff that are able and willing to provide interpretive services could be obtained also, to ensure comprehension of material to deaf, blind, limited English proficient, or otherwise disabled residents.

Update 10/21/2014:

PREA Coordinator provided documents-additional PREA signage in Spanish and a list of resources for staff use. PREA Coordinator also reported that the signs have been posted “alongside the English PREA signage in various locations in the building, including the front hallway and the visiting room.” He added that the list of resources was compiled by the facility to respond to needs of potential LEP, disabled, blind, or deaf residents and that it includes the services of a contracted translation services provider. This provider, Linguistica International, is a service that can be used over the phone for any language translation or can be used to translate documents.

Auditors feel this satisfies the requirements of this standard.

115.334 SPECIALIZED TRAINING: INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy (JR5 560) does specify that, "The facility must ensure special training related to sexual abuse and harassment is provided for investigators and medical/mental health staff."

It was reported to auditors that the Superintendent and the PREA Compliance Manager conduct administrative investigations. Neither had received specialized training as required in 115.334 and therefore there was no documentation of such or curriculum to review. Interviews also did not indicate the application of such training; interviewing sexual abuse victims, proper use of Miranda and Garrity, or criteria and evidence required to substantiate a case. Recommended corrective action: all staff that conduct administrative investigations receive specialized training, beyond what is required of all staff, that meets the requirements of 115.334.

Update 1/15/2015:

Auditors received certificates confirming that two staff members of Maxey BTS (which include the PCM and another staff member) have completed the "Forensic Interviewing of Children Seminar."

With this documentation, it appears that Maxey BTS has met this standard, though, auditors feel compelled to reiterate that only staff who have completed this required training should conduct administrative investigations of sexual abuse or sexual harassment. During the onsite portion of the audit, it was reported that the Director did conduct administrative investigations, so it is the assumption that he will no longer do so.

115.335 | SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy (JR5 560) does specify that, "The facility must ensure special training related to sexual abuse and harassment is provided for investigators and medical/mental health staff."

Auditors reviewed signed acknowledgment forms of medical and mental health staff, affirming they had completed the applicable NIC course online. Medical staff employed by the agency do not conduct forensic exams.

115.341 | OBTAINING INFORMATION FROM RESIDENTS

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy (JR5 560) and Maxey policy 560 address youth assessment. MBTS uses the PREA Intake

Assessment upon intake to assess residents for their risk of victimization and abusiveness, which is done within 72 hours as dictated by Maxey 560. This objective screening instrument was recently implemented.

Upon review of this assessment, auditors noted that four (4) required elements are missing from the assessment instrument; level of emotional and cognitive development, mental illness or mental disabilities, physical disabilities, and intellectual or developmental disabilities. For substantial compliance, each of the 11 elements of 115.341(c) must be accounted for. Recommended corrective action: amend the assessment instrument to include the four missing elements.

Update 11/12/14:

The assessment instrument has been amended, to include the 4 missing elements. PREA Coordinator provided auditors with a completed example of such an assessment.

Auditors feel this satisfies the requirements of this standard.

115.342	PLACEMENT OF RESIDENTS IN HOUSING, BED, PROGRAM, EDUCATION, AND WORK ASSIGNMENTS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Maxey policy 560 mandates the use of screening information to make housing, bed, program, education, and work assignments. With more time, MBTS should continue to enhance their use of the PREA Intake Assessment information.

Maxey policy 560 cites the requirements of 115.342(b), (c), (d), (e), and (f). Excerpts from Maxey policy 560:

- “A youth may be isolated from other youth as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the youth safe from other youths, and then only until an alternate means of keeping all youths safe can be arranged...”

Maxey BTS Policy 560 and Agency (DHS) Policy 630—Isolation and/or Confinement, excerpt:

- “...Isolation and/or confinement are for the minimum duration necessary”
- “...Release from isolation and/or confinement occurs when the youth has demonstrated self-control”
- “...Requires Due Process Hearing if youth is isolated and/or confined for twenty-four hours 24 or more”
- “...Maintains access to education and family visits to the extent that the safety and security of youth, staff and visitors is not compromised”
- “...Maintains access to medical and behavioral health professionals as needed”
- “..Receives meals that meet USDA requirements for nutrition and value. The Shift Supervisor will determine whether the youth will receive meals that can be consumed without the use of utensils of eating utensils”

It was reported that no transgender or intersex residents had been placed at MBTS. Auditors did not observe any potential transgender. Transgender or intersex residents have the opportunity to shower separately by nature of the separate shower stalls for all residents.

Auditors felt like the facility does consider the screening information in housing, bed, program, education, and work assignments, though they do recommend strengthening this practice and increasing staff awareness and practical use of the screening information.

115.351 RESIDENT REPORTING

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

Auditor comments, including corrective actions needed if does not meet standard

In practice and policy, the agency/facility provides multiple avenues of resident reporting: verbally or in writing to staff; fill out grievance forms, call DHS hotline. Residents reported that they were very comfortable in reporting to staff. There were no indications interviews that residents were reporting but receiving no response. Staff reported that they accept reports from residents in writing and from third parties, and that they would treat any reports in the same manner.

Residents are not detained at MBTS for civil immigration purposes.

Staff can report privately in a number of ways; to include calling DHS hotline or to administration.

115.52 EXHAUSTION OF ADMINISTRATIVE REMEDIES

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

Auditor comments, including corrective actions needed if does not meet standard

MBTS is not exempt from this standard, as they do have administrative procedures to address inmate grievances and policy allows residents to submit grievances at any time and a final decision is required within 90 days. It does not require attempts at reaching an informal resolution, although, policy does not clearly prohibit doing so. The grievance procedures are explained and provided in writing to residents upon intake. Auditors observed grievance forms and locked grievance boxes throughout the facility.

There were no grievances filed during the reporting period that alleged sexual abuse.

In terms of emergency grievances, Maxey BTS Policy 213 requires, "Responds to grievances of an emergency nature immediately..." Auditors suggest that this language could be stronger and should specify an initial response time within 48 hours. There were no emergency grievances filed during the reporting period.

Contained in the Youth Orientation Packet, informs residents, "Preventing sexual assault in institutions is a responsibility that the personnel at Maxey BTS take extremely seriously. While youth are encouraged to report even suspected violations, youth are cautioned that knowingly making a false

allegation against another person is a legal violation. This means that a youth that intentionally lies when accusing someone of sexual assault and/or related sexually inappropriate behavior will receive consequences that could include criminal charges.” There were no applicable reports or discipline thereof for auditors to review.

115.353	RESIDENT ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Michigan Department of Human Services and Maxey BTS maintain a number of policies that address resident mail, phone and visitation privileges which would allow for access to parents and/or legal guardians.

Maxey BTS utilizes their facility youth and family grievance procedures and the Child Protective Services toll free reporting line as well as accepting verbal or written correspondences as third party reporting mechanisms.

Residents interviewed indicated no barriers in communication with family, attorney’s or legal guardians. Residents also expressed no concern in accessing staff, social workers, or personal advocates to report an incident of sexual abuse or sexual harassment.

Maxey BTS provided a document indicating the attempt to secure an agreement with a community service provider for emotional support services however; there was no verification of an established agreement at the time of the audit. It is recommended that the agency and facility continue to attempt to secure outside confidential support services.

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS maintains a Family Grievance System, the use of Child Protective Services, and the availability to be informed in writing in the case of a third-party report of sexual abuse or sexual harassment. The information is made available to residents, family and staff via posters, in resident orientation materials and on the Department of Human Services website noted below.

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

115.361	STAFF AND AGENCY REPORTING DUTIES
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard	
<p>Michigan Mandated Reporting Law and Maxey BTS and Agency (DHS) Policy 560, Section F addresses 115.361, stating, “Staff must report immediately any knowledge, suspicion, or information that they receive regarding: An incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the agency; retaliation against residents or staff that reported such an incident; and/or, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p>Maxey policy 560 Section H includes, “Medical and Mental Health practitioners shall be required to report sexual abuse, and upon receiving a report of sexual abuse, the facility director shall report the allegation to the appropriate guardian entity.”</p> <p>Line Staff interviewed articulated the duty to report any incident or allegation of sexual abuse or sexual harassment to supervising staff immediately.</p> <p>Administrative and supervisory staff also articulated the duty to report to relevant agencies according to mandatory reporting laws.</p>	
115.362	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Maxey Policy 560 addresses 115.362. All staff interviewed, as well as the Superintendent, reported they would take immediate action if they learned an inmate was subject to a substantial risk of imminent sexual abuse. However, there were no instances of sexual abuse known to have occurred during the reporting period.</p>	
115.363	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Maxey Policy 560 Section F.10 addresses 115.363. There were no instances reported or documented during the reporting period where an inmate reported being sexually abused at another facility. Staff interviewed indicated that if someone were to make such a report, they would notify their supervisor immediately. The Superintendent was aware of his responsibilities to report should this occur. The following reports were generated by Maxey BTS in such cases: Incident Report, Report to Department of Human Services and to Child Protective Services under mandated reporting laws.</p>	
115.364	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

Maxey Policy 560 Section H .1 addresses 115.364 outlining first responder duties. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event a resident is sexually abused.

There were no cases of resident sexual abuse during the reporting period. There was one case investigated however, the incident was determined to be a consensual sexual relationship between two residents. Security staff interviewed knew they needed to separate the victim from the abuser and keep him safe. Staff knew to protect the crime scene, if there was one, and not to take any action that might destroy evidence. All staff interviewed, both uniform and non-uniform, knew to keep the victim separate from the perpetrator and to keep the victim safe. It was obvious that staff were trained in first responder duties, even though there have been no reports of sexual abuse during the reporting period.

115.365 COORDINATED RESPONSE

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 560 is the facility's written institutional plan of coordinated actions in the case of inmate sexual abuse. This plan accounts for coordination among staff first responders, medical and mental health staff, Michigan State Police/DHS, and facility leadership.

115.366 PRESERVATION OF ABILITY TO PROTECT RESIDENTS FROM CONTACT WITH ABUSERS

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

Auditor comments, including corrective actions needed if does not meet standard

Through interviews with facility leadership and a review of the collective bargaining agreement, it was discerned that management has the ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation, or of a determination of whether and to what extent discipline is warranted.

115.67 AGENCY PROTECTION AGAINST RETALIATION

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS 560 Section I.7 contains facility policy for determining who is responsible for monitoring retaliation, which cites, "The conduct and treatment of residents or staff that report an abuse incident, or are cooperating witnesses, must be monitored by mid or upper-level management for at least 90 days."

Auditors suggest strengthening this policy to include a more descriptive set of elements that would better reflect the elements of this standard.

115.368	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Maxey BTS Policy 560 Section B and Maxey Policy 630 address 115.368. Maxey BTS Policy 560 cites, “A youth may be isolated from other youth as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the youth safe from other youths, and then only until an alternate means of keeping all youths safe can be arranged. During any periods of protective isolation, facility staff may not deny a youth otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services. Any youth in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible...”</p> <p>Maxey BTS Policy 630 Isolation and/or Confinement: “Maintains access to education and family visits to the extent that the safety and security of youth, staff and visitors is not compromised”</p> <p>Staff articulated what was in policy and further provided under most circumstances, a resident is placed in isolation temporarily until an assessment is made by medical, mental health, and administrative staff. Maxey BTS has the ability to separate residents by housing arrangement. The facility maintains a number of Pod type living units which are isolated from one another.</p>	
115.371	CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Maxey policy 560 outlines investigative protocols. The one report that was investigated, which was determined to have been consensual sexual activity between residents, was investigated promptly. Maxey Superintendent and the PCM conducted this investigation and concluded in the report, “A corrective action plan was submitted by the facility and approved by BCAL on 16 June 2014. The corrective action plan ensures all direct care staff to receive training in Policy 540 with a focus on line of sight with difficult populations...” Because of the nature of this case, determined to be consensual, it was difficult for auditors to evaluate the activation of the facility’s coordinated response and the requirements of 115.371. The report indicates that the youth were immediately separated and that a Report of Actual or Suspected Child Abuse or Neglect was made. The report does not indicate whether the scene was secured in the event that physical evidence would need to be collected. Therefore, the report could be more thorough in the description of events, preservation of evidence or lack thereof, location of youth (whether they remained separated, transferred to another facility, etc.), and disposition of the case, for example.</p> <p>Specifically, auditors found that the facility did not satisfy 115.371 (b) and (e). No facility staff have received specialized training for conducting sexual abuse investigations and no training records of external investigators (or attempts to obtain them) were provided for auditor review. In addition,</p>	

auditors noted that neither policy nor other gathered information indicated that compelled interviews would only be conducted after consulting with prosecutors. Recommended corrective action: 1) All facility staff that conduct administrative investigations receive specialized training, beyond what is required of all staff, that meets the requirements of 115.334 and mandate that no staff be used for this function that have not received such training. 2) Attempt to obtain records of external investigators that conduct criminal investigations and retain documentation of such attempts. 3) Demonstrate, either through policy language or through education of investigators, that compelled interviews are only conducted after consulting with prosecutors.

Update 10/14/2014:

- 1) Investigator training-still requires follow up by the facility.
- 2) The MOU obtained between Maxey BTS and the Michigan State Police demonstrates cooperation between the two entities and efforts for Maxey BTS to remain informed about the progress of an investigation.
- 3) Upon further review of the applicability of 115.371(e), auditors realize that compelled interviews would be conducted by external investigators, as this would apply only to criminal cases in which prosecution was considered. Moreover, this would not apply directly to Maxey BTS administrative investigations and to assess this practice of external investigators would be outside the scope of this audit.

Update 1/15/2015:

Auditors received certificates confirming that two staff members of Maxey BTS (which include the PCM and another staff member) have completed the “Forensic Interviewing of Children Seminar.”

With this documentation, it appears that Maxey BTS has met this standard, though, auditors feel compelled to reiterate that only staff who have completed this required training should conduct administrative investigations of sexual abuse or sexual harassment. During the onsite portion of the audit, it was reported that the Director did conduct administrative investigations, so it is the assumption that he will no longer do so.

115.372 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy, the facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.373 REPORTING TO RESIDENTS

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

Auditor comments, including corrective actions needed if does not meet standard

Though not found in policy, it was reported that residents are informed of the disposition of a case. The

Superintendent reported that they do not do so in writing. There were no instances for auditors to verify as there was only the one case that was investigated that was determined to be consensual. There were no notification pursuant to 115.373(c) and (d) warranted. Formalizing this process by putting it in policy or on a specific form would strengthen this and ensure its implementation.

115.376 DISCIPLINARY SANCTIONS FOR STAFF

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey Policy 560 Section H addresses 115.376, "Pending notification from the Superintendent or designee, the suspected employee must not be in direct contact with facility residents..."

The State of Michigan Employee Handbook also addresses staff who are subject to disciplinary action. Interviews with the facility Superintendent and PCM indicate there have been no staff disciplinary actions or terminations for violation of the PREA policy in the past 12 months.

115.377 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey Policy 560 Section H denotes; "the suspected employee must not be in direct contact with facility residents..."

There was no specific notation of contractor or volunteer. It was recommended to add language specifically noting contractor and volunteer in the policy. In the interview with the Maxey BTS Superintendent, it was interpreted that any staff member or other individual would not be allowed contact with residents subsequent to an allegation of sexual abuse or sexual harassment.

115.378 DISCIPLINARY SANCTIONS FOR RESIDENTS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 631 addresses 115.78. Noting in Addendum A of Maxey BTS Policy 631 Major Rule infractions:

...(Addendum A—Major Offenses excerpt)... Major Rule Infractions...Sexual misconduct for violations involving any sexual contact, and attempted sexual misconduct...

Staff interviews indicated residents were held accountable for their conduct and rule infractions were addressed through the facility disciplinary procedures.

The Superintendent indicated all residents are provided a weekly review by administrative, medical, and

mental health staff. The residents are also provided contact with social workers and an advocate support person.

115.381 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 200, 202 address 115.381, which states, "Individualized treatment plans must be developed and delivered per Maxey BTS Policy #200—Residential Treatment Planning (excerpt)... Residential juvenile justice facilities must assist each youth in successful behavior development and rehabilitation through effective, comprehensive and timely individualized treatment plans. Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs..."

Strengths and needs assessment, including formulating interventions as appropriate to address past victimization, is required in Maxey BTS Policy 202—Strengths/Needs Assessment Process, "The treatment needs of youth are identified and prioritized... The Social Worker Leader collects data from various sources pertaining to the following domain areas...victimization..."

Intake staff interviewed indicated residents are individually assessed within 24 hours of intake and in regards to age. At Maxey BTS, residents are categorized as either; 1) Sex Offender or 2) Chronic Offender.

115.382 ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency Department of Human Services Policy 560 addresses 115.382.

Agency (DHS) Policy 560—Sexual Abuse Prevention and Response Overview, Medical and Mental Health Care Section, "Facility procedures must provide...timely, unimpeded access to free emergency medical and crisis intervention services..."

Interviews with the facility Superintendent and PCM indicate there were no reports of sexual abuse reported by residents during the past 12 months. The policy details the resident victim would receive timely unimpeded access to medical and mental health services including testing for sexually transmitted diseases at no cost to the inmate.

115.383 ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 560 Section E and Maxey BTS Policy 560 address 115.383.

Maxey BTS Policy 560 states, "The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate."

Maxey BTS Policy 560, states, "Victims and perpetrators of a substantiated sexual assault must be encouraged to complete an HIV test. The perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the facility Superintendent or designee may seek a court order compelling the test."

Residents are provided a weekly assessment by administrative, medical and mental health staff.

115.386 SEXUAL ABUSE INCIDENT REVIEWS

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 560 Section I addresses 115.386, "Facility management must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s)."

The Superintendent indicated that he and the facility PCM conducted sexual abuse incident reviews. Although medical and mental health staff are not included, he also indicated in his interview medical and mental health staff would be consulted in regards to such reviews.

It was recommended medical and mental health staff be made part of the review team and verbiage in policy to include a 30 day time frame for such reviews.

115.87 DATA COLLECTION

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

Auditor comments, including corrective actions needed if does not meet standard

Maxey BTS Policy 560 Section I addresses 115.387.

Agency (DHS) policy and Maxey BTS Policy 560, states, "The facility must collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data must be sufficient to answer all questions on the annually-required Survey of Sexual Violence."

All collected and aggregated data is available on the following link:

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

115.388 DATA REVIEW FOR CORRECTIVE ACTION

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No annual report was provided to the auditors for review and the PREA Coordinator reported that it was unknown whether the agency (DHS) had done a report. A report, which was approved by the Agency Head and provided to the Governor and other administration, was reviewed by auditors.

The PREA Coordinator does collect and aggregate data to gauge needed corrective action. Now with adequate data with which to make a comparative analysis, the PREA Coordinator will be preparing an annual report per the requirements of 115.388.

115.389 DATA STORAGE, PUBLICATION, AND DESTRUCTION

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

Auditor comments, including corrective actions needed if does not meet standard

As an agency Michigan Department of Human Services maintains collected and aggregated data and is published on their website on the link below. The PREA Coordinator also collects data from each contracted facility. All personal identifying information is removed.

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

AUDITOR CERTIFICATION:

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



1/27/15

Lead auditor Signature-Talia Labouchardiere

Date



1/27/15

Auditor Signature-Mark Mora

Date