

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Juvenile Facilities



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Shawono Center		
Physical address:	10 N. Howes Lake Rd. Grayling, MI 49738		
Date report submitted:	08/13/14		
Auditor Information	James L. Roland Jr. – The Nakamoto Group		
Address:	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
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Telephone number:	419-610-5668		
Date of facility visit:	Aug. 3-4, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	989-344-5000		
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 type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
Name of PREA Compliance Manager:	Robert Gariepy	Title: PREA Compliance Manager	
Email address: gariepy@michigan.gov		Telephone number:	989-344-5008
Agency Information			
Name of agency: Juvenile Justice Programs (JJP) Michigan Department of Human Services (DHS)			
Governing authority or parent agency:	Department of Human Services State of Michigan		

Physical address:	Juvenile Justice Programs 120 N. Washington Square, Suite 300 PNC Building Lansing, Michigan 48933		
Mailing address: <i>(if different from above)</i>			
Telephone number:	517-335-3489		
Agency Chief Executive Officer			
Name:	Maura Corrigan	Title:	Director
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:	Patrick Sussex	Title:	PREA Juvenile Coordinator
Email address:	SussexP@Michigan.gov	Telephone number:	517-648-6503

AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Shawono facility was conducted on August 3-4, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. During the audit, the auditor toured the facility and conducted formal staff and resident interviews. The auditor interviewed 10 juveniles (10 random juveniles from all of the housing units). In addition, the auditor questioned 10 staff and youth specialists, (8 specialized staff and 2 random youth specialists), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Director, PREA compliance manager, special education teacher, Investigator, Mental Health Group leader, contract medical LPN.

An entrance meeting was held with the following persons in attendance: PREA Juvenile Compliance Coordinator Patrick Sussex, PREA facility Manager Robert Gariepy.

There are currently 33 juveniles assigned to the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 9:30 am, Eastern Standard Time. In the last calendar year, there were zero sexual assault/harassment allegation cases.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Shawono Center is a secure 40-bed treatment facility with male juveniles between the ages of 12 and 21 years who have been adjudicated for one or more felony counts. The center offers four specialized treatment programs for sex offenders, addictions/substance abuse, general criminal and delinquents. All provided in a secure environment where treatment can take place while assuring the community a high level of security.

The facilities mission statement 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.

The facility is a secure setting with a perimeter fence. The housing consists of four living units with individual cells. Each living unit contains 10 cells each. These housing units contain individual cells beds and a clothing storage unit for each student. Each unit also contains showers, and restrooms to accommodate the population of the unit. The campus includes classrooms for education and group therapy, a food service area, and an administration area. All building at this facility is connected by enclosed hallways.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. There have been zero allegations of sexual harassment or abuse from staff, residents, or volunteers.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held with the following persons in attendance: Director Debra Jones, PREA Agency Compliance Coordinator Patrick Sussex, PREA Compliance Manager Robert Gariepy, and Program Manager 13 Todd Serby.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	0

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The Agency meets the standard with their policies and practice. Shawono Policy 560 clearly meets this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, the Agency also employs a fulltime PREA Juvenile Compliance officer to ensure they are meeting all the PREA standards.

§115.312 - Contracting with other entities for the confinement of residents

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

The agency (MI Department of Human Services) has entered into or renewed the contracts for the confinement of juvenile justice residents with private providers since Aug. 20, 2012. All contracts include the requirement that the facility(s) adopt and comply with the PREA standards. Shawono Center is one of three public facilities state-run by the Department of Human Services. There are approximately 52 contracted juvenile justice residential programs operating in 34 facilities, and three publicly-operated facilities. Shawono Center is a public facility.

§115.313 – Supervision and Monitoring

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

Director Jones completes an annual review of the post audits and staffing plan. Shawano Policy 540 states that they will adhere to direct care staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours. After reviewing population logs for the last twelve months the facility operated within the 1:8 ratio during waking hours and the 1:16 ratio during sleeping hours. The agency PREA compliance manager informed me that their

central office administration will change ratios to meet PREA standards by 12/31/2016. Minimum ratios were met at all times except in the case of unforeseen and temporary circumstances. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed for compliance. New video and audio systems were added to the facility in the last twelve months.

§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)

Staff of the opposite gender are required to announce their presence when entering the resident-housing unit(s) by stating "female on the dorm". This was documented during interviews with staff and juveniles, as well as recorded in housing unit log books. Shawono policy 511 and 560 clearly meet this standard. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff has been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner. All searches are conducted by staff of the same gender as the resident.

§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)

Shawono PREA Policy #560, Section A, Number 2 complies with this standard. The information is provided verbally and in written form, and the information is in a language and format that the youth can understand. The facility has not had residents with limited English proficiency severe enough to require special accommodations to fully benefit from PREA.

§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)

Shawono policy 100 clearly meets all the components of this standard. All employees have had their criminal background check completed before hiring and are required to have them done again every 5 years. Nine contractors have been employed by the facility in the past year. All had criminal backgrounds checks completed. Vendors do not have criminal background checks but are escorted and supervised when on institutional grounds. A tracking system is in place to ensure they will be completed every five years.

§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)

Video camera monitoring systems were upgraded; cameras were added to cover blind spots and additional cameras installed in counseling offices, added sound recording capability to selected cameras.

§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)

Shawono policy 560 clearly meets this standard. The facility has one part-time contracted licensed practical nurse (LPN) for medical services. All other medical services are conducted outside of the facility. All staff has been trained in evidence protocol. The facility has two trained forensic investigators. In the event of a sexual assault the shift supervisor is called, then the Director of Shawono. The Director determines when the resident should be transported to Grayling Mercy Hospital for SAFE/SANE exam. The MOU with River House Shelter would provide for victim advocate services. The number is posted in each housing unit. All criminal investigations are conducted by the Michigan State Police.

§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)

Shawono policy 560 was reviewed during on-site inspection to verify the components were met. All investigations are done by the Michigan State Police. There have been zero allegations of sexual abuse or sexual harassment in the past twelve months.

§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)

Shawono policy 560 has been trained in its entirety to all staff. Shawono policy covers all training required by this standard. All staff interviewed indicated that they received the required PREA training. All training records were reviewed for compliance. All included employee signatures and dates.

§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)

Shawono policy 101 meets the requirements of this standard. Contractor and volunteer sign-in sheets were reviewed for training received. A youth specialist who has the responsibilities for training conducts the required PREA training for volunteers and contractors.

§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)

Shawono policy 201 and 560 meets the requirements of this standard. At intake, juveniles receive PREA information in the resident orientation packet, and also during their orientation to the facility by their counselor. Intake packets were reviewed for compliance. There are posters throughout the facility with the phone number to call to report an incident. These notices are also posted in each housing unit.

§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)

Shawono policy 560 meets the requirements of this standard. Preliminary gathering of information of suspected incidents are conducted by two trained forensic investigators located at the facility. Criminal investigations are conducted outside of the facility by the Michigan State Police. These facility investigators receive specialized training for conducting sexual abuse investigations.

§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)

The facility has a contracted part-time licensed practical nurse for medical staff. All medical services are done off-site. The mental health staff has all received specialized training on victim identification, interviewing, reporting, and interventions.

§115.341 – Screening for Risk of Victimization and Abusiveness

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

Shawono policy 560 includes all components required by this standard. Interviews with the Director and a Youth Group Leader for treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.

§115.342 – Use of Screening Information

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

Shawono policy 560 and 630 include all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening is used to ensure safety of each resident. There have been zero uses of isolation for sexual victimization in the last twelve months.

§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)

Shawono policy 560 and 630 include all components required by this standard. Staff and juvenile interviews, were clearly documented. The procedures for reporting are clearly stated in the resident orientation packet, on posters and through Shawono policy.

§115.352 – Exhaustion of Administrative Remedies

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

Shawono policy 213 and 560 covers the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that preventing sexual assault in this facility is a responsibility that the personnel at Shawono Center take extremely seriously.

§115.353 – Resident Access to Outside Confidential Support Services

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

Shawono policy 210,211 and 212 cover all components of this standard. Residents are provided emergency services and support through the free Hotline phone call services that the residents are allowed to make. The number is posted in each housing unit. They also can have private conversations with their legal service provider and to the parents on visitation during the three allowed phone calls per week and weekly visitation.

§115.354 – Third-Party Reporting

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

Information is made available through posters posted throughout the building with the Child Protective Services (CPS) toll-free number and other reporting options, the information is included in the Youth PREA Orientation, and the information is listed on the DHS Website at http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

§115.361 – Staff and Agency Reporting Duties

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

The Michigan Mandated Reporting Law and Shawono policy 512 and 560 includes all the components of this standard. The Mandated Reporter's Resource Guide that includes a copy of the Child Protection Law is available online at:

http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf This was also verified through interviews with random staff.

§115.362 – Agency Protection Duties

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

Shawono policy 560 meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another dormitory and/or transferred to another facility. There have been no residents placed in this status in the past twelve months. This was also verified through interviews with random staff.

§115.363 – Reporting to Other Confinement Facilities

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

Shawono policy 560 meets all the components of this standard. This was also verified through interviews with Director and PREA Coordinator. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other facility within 72 hours. All incident reports must be completed before the end of the employees shift. The facility has not received any allegation of sexual abuse or harassment from another facility in the past twelve months.

§115.364 – Staff First Responder Duties

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

Shawono policy 560 includes all the components of this standard. All staff are trained in first responder duties. This was also verified through interviews with random staff and training records.

§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)

Shawono policy 560 meets the components of this standard.

§115.366 – Preservation of ability to protect residents from contact with abusers

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

Labor agreements with AFSCME, UAW and any/all employee unions or organizations do NOT prohibit the agency from protecting residents from contact with abusers. Copies of labor agreements reviewed at the facility.

§115.367 – Agency protection against retaliation

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

Shawono policy 560 includes all components of this standard. The following staff are designed to monitor for possible retaliation. Debra Jones, Director, Robert Gariepy, Program Manager / PREA Coordinator, Todd Serby, Treatment Program Manager, Mark Golnick, Shift Supervisor, John Junntila, Shift Supervisor, Charles Meyer, Shift Supervisor.

§115.368 – Post-Allegation Protective Custody

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

Shawono policy 560 and 630 meets the components of this standard. Residents could temporarily be placed in the other dormitory unit or transferred to isolation but only as a last resort when other restrictive measures are inadequate to keep the youth safe from other youth, and only until an alternate means of keeping all youth can be arranged. 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.

§115.371 – Criminal and Administrative Agency Investigations

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

Shawono policy 560 and policy 512 meets all of the components of this standard. During the last 12 months there have been zero allegations. The Michigan State Police conduct all criminal investigations. Internal investigations are started by the supervisor, and then sent to the Director for additional investigation if it is so warranted.

§115.372 – Evidentiary Standard for Administrative Investigations

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

Shawono policy 631 meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. There have been zero allegations within the last twelve months.

§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)

Shawono policy 560 and 213 meets all of the components of this standard. There have been zero allegations within the last twelve months. The facility has an MOU with the Michigan State Police for investigative services. Residents are informed of the investigative process. Youth and Family Grievances require that all grievances have a written response, including the rationale for the decision, to youth or family member within five calendar days. Copies of all grievances must be maintained in a chronological file, in addition to the grievance log, along with any return receipts or confirmations, in accordance with the Record Retention Schedule.

§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)

Shawono policy 560 includes all the components of this standard. There have been zero allegations within the last twelve months. Disciplinary sanctions for rule violations are located in the Michigan Employee Handbook. The Handbook was reviewed for compliance of the standard.

§115.377 – Corrective action for contractors and volunteers

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

Shawono policy 560 and 101 include all the components of this standard. Contractors are subject to all expectations as employees relative to contact with youth. Contractors may not continue to have contact with youth and will have contracts terminated upon any finding of child abuse or sexual abuse. There have been no incidents in the last twelve months.

§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)

Shawono policy 630 and 631 meets all of the components of this standard. Appropriate measures must be taken to protect the due process rights of youth who are, or who may be, subject to discipline, isolation, or confinement. This policy ensures youth are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors. The orientation packet addresses all disciplinary sanctions for juvenile residents. No youth are isolated for sexual abuse infractions.

§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)

Shawono policy 202 meets the components of this standard. Youth are required to meet with medical and mental health practitioners per standard operating protocol for treatment. Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. The treatment needs of youth are identified and prioritized. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No resident disclosed prior victimization during screening. Additional screening is conducted by the group leader/therapist with the use of the Massachusetts Youth Screening Instrument (MAYSI) version 2, the Estimate of Risk of Addressed Sexual Offense

Recidivism (ERASOR), and the Michigan Juvenile Justice Assessment System (MJJAS). All screening is kept in the resident permanent treatment file.

§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)

Shawono policy 560 meets the components of this standard. Services are provided to the residents at no cost to them. The facility provides timely, unimpeded access to free emergency medical and crisis intervention services.

§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)

Shawono policy 560 meets standards of this component. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. 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 Director or designee may seek a court order compelling the test.

§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)

Shawono policy 560 meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The team

includes the Director, PREA coordinator, and Treatment Program Manager. There have been zero incidents in the last twelve months.

§115.387 – Data Collection

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

Data collection is an agency policy and Shawono policy 560. All components of the standard are covered in those two policies. The standardized instrument used is the Survey of Sexual Violence as developed and utilized by the Bureau of Justice Assistance and conducted by the U.S. Census Bureau. Data is collected, aggregated, and published on the agency (DHS) Website for all public residential facilities and all private facilities that contract with the state to provide juvenile justice residential services. Most recent data published is from calendar year 2012. Data from calendar year 2013 will be collected and published summer, 2014. See: 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)

Data was collected for 2012 calendar year, aggregated and posted to the public. In addition to that, data information of activities and compliance status was included in that report. This report was prepared for the Director of DHS to move forward with PREA. This report recommended that the governor sign for assurance and also listed general recommendations for achieving full compliance. Specifically the 2013 data is being collected to compare with the 2012 data. Once this is collected, it will be analyzed and compared with the previous year's data. Recommendations will be made from this data. This information was obtained by an interview with the agency PREA coordinator and a review of the 2012 data, the March 2013 report to the Governor on PREA.

§§115.389 – Data Storage, Publication, and Destruction

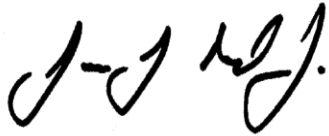
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

This occurs annually as administered by the agency (DHS). Data collected is aggregated and published on the DHS Website. See link

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 the agency under review.



James L. Roland Jr.

Auditor Signature

8/13/2014

Date