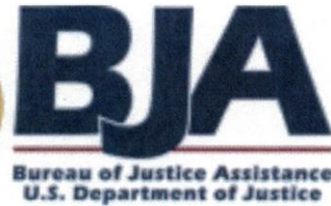


PREA AUDIT: AUDITOR'S SUMMARY REPORT

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FACILITIES



Name of Facility: Great Lakes Recovery Centers Youth Residential Services			
Physical Address: 104 Malton Road, Negaunee, MI 49866			
Date report submitted: December 18, 2014			
Auditor information: Dorothy Xanos			
Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
Email: dxconsultants@gmail.com			
Telephone number: (813) 918-1088			
Date of facility visit: November 17, 2014			
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number: (906) 228-4692			
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 type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		<input type="checkbox"/>
Facility	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager:	<input type="checkbox"/> Jamie Goudreau	<input type="checkbox"/> Title:	PREA Compliance Manager
Email Address:	jgoudreau@greatlakesrecovery.org		Telephone Number: (906) 228 - 9699
Agency Information			
Name of Agency: Juvenile Justice Programs			
Governing Authority or Parent Agency: (if applicable) Michigan Department of Human Services			
Physical Address: 120 N. Washington Square, Ste. 300, PNC Building, Lansing, Michigan 48933			
Mailing Address: (If different from above)			
Telephone Number: (517) 335-3489			
Agency Chief Executive Officer			
Name: Maura Corrigan		Title: Director	
Email Address: CorriganM@Michigan.gov		Telephone Number: (517) 335-3489	
Agency Wide PREA Coordinator			
Name: Patrick Sussex		Title: PREA Juvenile Coordinator	
Email Address: SussexP@Michigan.gov		Telephone Number: (517) 648-6503	

AUDIT FINDINGS

NARRATIVE:

Great Lakes Recovery Centers Youth Residential Services (GLRC) is a 16 bed staff secure moderate care male and female residential substance abuse treatment program governed by Great Lakes Recovery contracted with the State of Michigan Department of Human Services (DHS). The program provides services for both young men and women who have been referred by DHS Juvenile Justice Assignment Unit. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is 30-60 days. In conjunction with the DHS, JPO and GLRC Case Managers determines resident's treatment needs and ensures continuity of treatment services from intake to release.

The facility employs twenty-four (24) full-time and part-time staff. The registered nurse, clinical supervisor and therapists provide and address the resident's medical and mental health needs. There are ten (10) direct care staff and seven (7) staff (case managers, primary counselors and therapists) that form treatment teams which provide constant supervision and program activities for the residents.

Great Lakes Recovery Centers Youth Residential Services provides a holistic approach to residential substance abuse treatment. Residents between the ages of 12-17 years old receive therapeutic services such as Individual Therapy, Group Therapy, IEP/Educational Services and Coordination, Family Therapy, Recreation, and Art Therapy. Clients are also actively involved in community service projects, develop independent living skills, and are exposed to a variety of evidence-based substance abuse and relapse-prevention services.

A detailed history is collected including completion of a Mental Health Screening. Following the Intake and Assessment Process, each resident assists their Primary Counselor with the development of the Individualized Treatment Plan which is person-centered on identified issues such as substance abuse, self-esteem, legal involvement, educational difficulties, family conflicts, mental health, and physical health. Length of stay is variable and progress is determined by completion of Treatment Plan Goals, compliance with program rules and expectations, phase (Orientation, Treatment, Re-Entry) criteria, and ASAM Level of Care criteria. Detailed and Comprehensive Referral Services and Transitional Planning are provided upon discharge. Collateral information from outside sources is also collected if possible.

If the resident is on medications, a medication review is scheduled with a physician upon admission and then periodically throughout the residents stay in order to monitor the medication's effectiveness. Medications/dosages may be altered or discontinued by the physician if needed. The resident receives educational materials about their individual diagnosis and/or medications including possible side effects. On-site mental health services are provided by an agency Mental Health Professional both on a group and individual basis. In addition, a Mental Health Referral in the client's home community is made prior to discharge and all necessary information is conveyed to the Outpatient Provider in the interest of a seamless transition and to insure continuity of care as the resident departs residential treatment. It should be noted that many staff members have received training regarding Co-Occurring Disorders in order to serve this population as effectively as possible. In addition, Case Consults are completed between the Primary Counselors, Case Manager, and Mental Health Professional providing the on-site care. Outside referrals are facilitated when needed with scheduling and transportation provided.

Specialized programs include: Spiritual and cultural needs incorporated into their treatment protocol; Native American Clients are exposed to "The Red Road to Wellbriety" by White Bison, Inc. which correlates to the traditional 12 steps while keeping to Native American traditions. Access to daily purification ceremonies and opportunities to attend pow-wows, sweat lodges, and drumming; Recreational Therapy focuses on health education, improving health, exploring recreational & leisure interests. Potential activities include hiking, camping, cross country skiing, snowshoeing, physical fitness/weight training, team building activities, yoga, etc.; Art Therapy intervention provides adolescents who are struggling with substance use/abuse and addictions

as well as unrecognized childhood trauma (e.g., physical/emotional/sexual abuse, grief/loss, divorce, abandonment/neglect, victim of violent acts), an opportunity to begin the healing process and Co-Occurring – Youth Services identifies Co-Occurring residents either prior to admission or as early in the treatment process as possible.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Great Lakes Recovery Centers Youth Residential Services (GLRC) is located in Negaunee, Michigan. GLRC's Youth Services has been providing quality substance abuse services since 1980 for teenage male and female youth from ages 12-17 years old. The staff is committed to providing residents with a safe, nurturing and supportive environment to ensure a positive recovery experience. Their hope is that residents leave with an increased sense of self-worth and the knowledge of how to maintain their path of recovery so that they can be productive and valued citizens in their communities.

GLRC has one (1) building on the grounds. The building contains eight (8) administrative, staff and medical offices, two (2) master control/supervisory staff area, one (1) classroom, one (1) art therapy area, kitchen and dining area, multi-purpose room, storage closets and lobby area. The school operates with one (1) certified special education teacher and provides state accredited educational services for the youth. This allows youth to continue their education while receiving assistance and support with their treatment needs while at the program. The credits they earn towards graduation can transfer back to their public school if that is part of their individualized treatment plan. The school is equipped with a full service library including technological equipment to enhance student learning. Additional Accommodations are provided for those with IEPs and/or diagnosed Learning Disabilities such as consultation with MARESA/School Psychologist, client's originating school district, and parents/guardians in order to ensure continued implementation. An Americorps Worker and a counselor are also present in the classroom for additional support, monitoring, and assistance. Tutoring is arranged if needed.

There are two (2) dorm areas with eight (8) bedrooms and bathrooms. Each bedroom has double occupancy where beds are arranged in a manner to allow for constant supervision by the direct care staff, multi-purpose area, and a laundry room.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on September 25, 2014, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Program Supervisor. The photographs indicated notices were posted in two locations throughout the facility including the multi-purpose/informational area and staff office. The Pre-Audit Questionnaire, policies and supporting documentation were received on October 17, 2014. The documents, which were uploaded to a UBS flash drive, contained minimal information. The initial review revealed the need for corrective action in regard to the Pre-Audit Questionnaire and some policies and procedures which did not sufficiently address standards and for some standards adequate documentation was not provided. After a discussion with the PREA Coordinator, and providing a list of noted concerns, the PREA Coordinator advised the documents needed would be provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies are summarized in this report under the related standard.

The on-site audit was conducted on November 17, 2014. After meeting with the PREA Coordinator, Program Supervisor, PREA Compliance Manager and Clinical Supervisor a complete guided tour of the facility was conducted. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. There was information regarding PREA posted in the multi-purpose /informational area and staff office. During the one (1) day on-site visit, twelve (12) staff including those from all three (3) shifts and the PREA Coordinator were interviewed. Overall, the interviews revealed most of the staff are knowledgeable of PREA standards and were

able to articulate their responsibilities. Six (6) residents were also interviewed. Residents seemed to be informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides. The community victims' advocacy service, Women's Center was contacted to verify the scope of services provided as specified in the Memorandum of Understanding (MOU)/Agreement.

Number of standards exceeded: **0**

Number of standards met: **40**

Number of standards not met: **0**

Number of standards Not Applicable: **1**

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.

- 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:

The initial review of State of Michigan, Department of Human Services (DHS) Policy JR5 560 (PREA) and GLRC's PREA policy revealed the policy outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided strategies and responses for reducing and preventing sexual abuse and harassment of residents. The DHS policy is in compliance with the standard; however, initially GLRC's policy required some additional information. The policy was updated to reflect the required information. DHS has a designated juvenile PREA Coordinator who has sufficient time and authority to develop, implement and oversee compliance efforts of thirty-four (34) private and public facilities. GLRC's PREA Compliance Manager has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned.

Standard 115.312: Contract 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)

Auditor Comments:

DHS has entered into/renewed approximately fifty (50) contracted juvenile justice residential programs operating in thirty-four (34) facilities (private and public). GLRC is a private facility. These contractors are monitored by DHS to ensure compliance with the PREA standards.

Standard 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)

Auditor Comments:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy contained information identifying the facility shall comply with staffing requirements and supervisory staff will conduct unannounced rounds during all shifts. The staffing plan contained specific staffing ratios of 1:6 during resident waking hours and 1:8 during resident sleeping hours. This exceeds requirements as set forth in

Michigan regulations and the requirement of this standard. During the initial documentation review, the facility's staffing plan was developed but had not been implemented therefore there was no documentation of an annual review of the staffing plan. However, after the on-site visit, the facility's staffing plan was reviewed, signed, and implemented by the Program Supervisor. GLRC Youth Center is a non-secure facility and utilizes constant staff monitoring to protect the residents from sexual abuse and harassment. The Program Supervisor and Clinical Supervisor conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

Standard 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:

The initial review of GLRC revealed procedures on pat down searches; however, there was no information in the facility's policy prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance. Additionally, the policy initially did not indicate any information on prohibiting cross-gender strip searches, or pat down searches of youth, except in exigent circumstances or prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. This policy limits pat-down searches to same gender staff absent exigent circumstances. This was verified during interviews with staff and residents. There were no cross-gender pat-down searches conducted during the past 12 months. Since the initial review and on-site visit, the policy and procedure has been updated with all the required information of the standard.

Staff training records and staff interviews confirmed received training on pat down searches and some staff indicated they had received training on cross-gender pat searches and searches of transgender and intersex residents. Also, staff interviews revealed they are not allowed to touch the youth. Staff and resident interviews indicated that female or male staff entering the dorm area do not always announce themselves. Staff and youth interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

Standard 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:

GLRC policy 101.0 (Accessibility) contained procedures to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment.

Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. GLRC has established agreements to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training logs and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

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:

GLRC policy contained most of the elements required by this standard and all background checks are conducted annually on current employees. Staff files and interview with HR representative confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks. GLRC has extensive background screening requirements; however, the previous misconduct (section a) language located in this standard was missing in their employee application and any other documentation that is used for interviews or written self-evaluations. Since the initial review and on-site visit, the employee application has been updated and implemented to reflect the previous misconduct (section a) language.

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:

GLRC moved into their new facility in November 9, 2014. The facility has a new security system and the Program Supervisor is in the process of obtaining additional cameras to address any blind spots in the facility. This will enable the staff to monitor residents more efficiently throughout the physical plant of the facility. At the present time, the staff monitors those areas to ensure security of the residents.

Standard 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:

Initial review of GLRC’s PREA policy contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim’s age. There is documentation of GLRC obtaining Memorandum of Understanding/Agreement with Women’s Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Interview with PREA Coordinator indicated that the medical examiners at Marquette General Hospital are SANE certified. Michigan State Police, Marquette City Police and or DHS Child Protective Services (CPS) investigate allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed limited knowledge on who conducts the sexual abuse investigations.

Standard 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:

GLRC’s PREA policy requires staff to refer all allegations of sexual abuse and sexual harassment to the CPS Child Abuse Hotline. DHS Child Protective Services (CPS) will contact the appropriate law enforcement agency and co-investigate the allegations. There were no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with the Program Supervisor and other staff verified their knowledge of the policy’s requirements.

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:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy, the training curriculum, staff training records and staff interviews revealed staff receives PREA training during initial training and annually during refresher training. Specific topics covered during PREA training are consistent with this standard’s requirements and is tailored to the facility’s male and female resident population. All employees are trained as new hires regardless of their previous experience. Employees training records are maintained with their personnel records and comprehension of PREA training was verified during staff interviews.

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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires volunteers and contractors who have contact with residents to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. However, the training was limited and a corrective action was taken by adding additional information to the form. Volunteers and contractors sign documentation acknowledging that they understand the training they received. An interview with a contracted teacher confirmed his knowledge of the PREA training.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment within 72 hours upon arrival. However, the facility staff provides the residents with this information immediately upon arrival. Residents are provided a handout entitled "Youth PREA Handbook" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. During intake, staff reviews the handout with the residents and residents sign verifying receipt of the information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Staff presents PREA information in a manner that is accessible to all residents.

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:

GLRC does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators

who investigate allegations of sexual abuse and sexual harassment in confinement is provided by DHS Child Protective Services (CPS).

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health staff received the basic PREA training provided to all staff. An interview with the Clinical Supervisor indicated she had completed some training regarding sexual abuse and sexual harassment. However, interviews with both the Clinical Supervisor and the nurse indicated they had received the basic PREA training but not specialized PREA training. The nurse does not conduct forensic examinations. Since the initial review, both the Clinical Supervisor and the nurse have received the specialized PREA training.

Standard 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)

Auditor Comments:

GLRC’s PREA policy requires staff to screen each resident for risk of victimization upon admission, and the program requires staff to reassess residents every six months thereafter. GLRC policies limits staff access to this information on a “need to know basis”. Resident interviews and the documentation revealed that risk screenings are being conducted. Staff interviews confirmed a screening is completed on each resident upon admission at the program.

Standard 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)

Auditor Comments:

GLRC’s PREA policy precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard. The GLRC Psychosocial History Assessment and information provided by the JPO

from DHS Juvenile Justice Assignment Unit may be used to determine a resident's dorm or bed assignment to ensure resident's safety. The program does not utilize isolation for residents. GLRC has two (2) designated areas (a girls dorm and a boys dorm) with four (4) bedrooms located in each area housing two (2) beds in each room.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, a pre-programmed telephone line to an outside agency, and placing a written complaint in the PREA/Grievance designated box. While touring the entire program it was observed that the staff/lobby area and multi-purpose room/family therapy room had an area with PREA materials including posters and brochures. Upon inquiring about how residents are able to call the hotline or victims advocate, resident interviews explained that they have to seek permission from staff to call the hotline or the victims advocate. However, the staff provides a telephone line located in the family and group therapy session area that allows the youth to report privately. Additionally, the staff provides residents with the address for the Women's Center so they can write to them. Resident and staff interviews along with the resident's handbook and posted signs verified compliance with this standard.

Standard 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)

Auditor Comments:

GLRC does not have administrative procedures for dealing with resident's grievances regarding sexual abuse or harassment. However, residents may place a written complaint in the designated PREA/Grievance box located in the multi-purpose area. There have been no complaints relating to sexual abuse or sexual harassment received in the past 12 months. Staff and resident interviews confirmed their knowledge of how to use the PREA/Grievance box to report sexual abuse or sexual harassment.

Standard 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)

Auditor Comments:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy ensures that residents are provided access to outside confidential support services. There is documentation of GLRC obtaining an agreement with the Women’s Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Additionally, one of the facility’s staff is a trained victim’s advocate that can provide emotional support to the residents. Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

Standard 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)

Auditor Comments:

DHS’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

Standard 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)

Auditor Comments:

All GLRC staff are mandated reporters as required by DHS and GLRC policies to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also assisted to confirm the program’s compliance with this standard. An interview with the nurse confirmed her responsibility to inform residents under 18 years old of her duty to report and limitations of confidentiality.

Standard 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)

Auditor Comments:

DHS and GLRC policies require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Interviews with the Program Supervisor and other random staff verified compliance with this standard.

Standard 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)

Auditor Comments:

GLRC policy requires the Program Supervisor to notify the Program Supervisor of the other facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. GLRC has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months.

Standard 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)

Auditor Comments:

GLRC policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

Standard 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:

GLRC has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and assistant regional administrator. Interviews with the Program Supervisor, Clinical Supervisor and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

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)
- Does Not Apply

Auditor Comments:

GLRC is not a collective bargaining agency therefore this standard is not applicable.

Standard 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)

Auditor Comments:

GLRC policy requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Program Supervisor is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

Standard 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)

Auditor Comments:

GLRC policy provides guidelines for changing the location of a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. GLRC does not have isolation rooms. No residents have alleged sexual abuse in the past 12 months.

Standard 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)

Auditor Comments:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires staff to report allegations of sexual abuse to the hotline. DHS Child Protective Services (depending on the age of the resident) will co-investigate with the appropriate local law enforcement agency. There has been one (1) investigation of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. The interview with the Program Supervisor and documentation confirmed the allegation was unsubstantiated.

Standard 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:

DHS Policy JR5 560 (PREA) policy states a standard of preponderance of evidence or lower standards of proof is used for determining if allegations are substantiated.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy indicates the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There was one (1) criminal or administrative investigation during the past 12 months. The interview with the Program Supervisor and documentation confirmed the resident was advised the allegation was unsubstantiated. The PREA Coordinator interview confirmed his knowledge of the reporting process.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policies also mandate that the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

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)

Auditor Comments:

GLRC's PREA requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Program Supervisor. There have been no volunteers or contractors reported in the past 12 months.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy indicates that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screening. Both the facility nurse and case manager interviews confirmed compliance with this standard.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. There has been one (1) investigation of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. The nurse’s interview confirmed that documentation would be included in the resident’s medical record as required by the policy.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC’s PREA policy requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Women’s Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There has been one (1) investigation of alleged resident’s inappropriate sexual

behavior that occurred in this facility in the past 12 months. The nurse's interview confirmed that documentation would be included in the resident's medical record as required by the policy.

Standard 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:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires a Sexual Abuse Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There has been one (1) investigation of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months that was unsubstantiated. Staff interviews confirmed the facility would document their review if such an event should take place.

Standard 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)

Auditor Comments:

DHS Policy JR5 560 (PREA) & GLRC's PREA policy requires the collection of accurate, uniform data for every allegation of sexual assault. The PREA Coordinator collects all data relating to PREA. GLRC has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Standard 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:

There has been one (1) investigation of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months that was unsubstantiated. DHS Policy JR5 560 (PREA) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

Standard 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:

DHS Policy JR5 560 (PREA) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION:

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

December 17, 2014

Auditor Signature