

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

Interim     Final

Date of Report    4/22/2020

## Auditor Information

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Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Dr., Suite 240    City, State, Zip: Rockville, MD 20852

Telephone: 609-292-4036    Date of Facility Visit: March 10-11, 2020

## Agency Information

Name of Agency: Spectrum Juvenile Justice Services    Governing Authority or Parent Agency (If Applicable): Michigan Department of Health and Human Services

Physical Address: 283030 Joy Road    City, State, Zip: Lansing, MI 48909

Mailing Address: Same as Above    City, State, Zip: Same as Above

The Agency Is:     Military     Private for Profit     Private not for Profit

Municipal     County     State     Federal

Agency Website with PREA Information: [https://www.spectrumhuman.org/index\\_sjjs.html](https://www.spectrumhuman.org/index_sjjs.html)

## Agency Chief Executive Officer

Name: Melissa Fernandez

Email: mfernandez@spectrumhuman.org    Telephone: (313) 868-8310

## Agency-Wide PREA Coordinator

Name: Melissa Fernandez

Email: mfernandez@spectrumhuman.org    Telephone: (313) 868-8310

PREA Coordinator Reports to: President    Number of Compliance Managers who report to the PREA Coordinator: 1

## Facility Information

Name of Facility: Lincoln Center

Physical Address: 1961 Lincoln

City, State, Zip: Highland Park, Michigan 48203

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: [https://www.spectrumhuman.org/index\\_sjjs.html](https://www.spectrumhuman.org/index_sjjs.html)

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
Michigan Department of Health and Human Services PREA Audit 2019 (external)

### Facility Administrator/Superintendent/Director

Name: Melissa Fernandez

Email: [mfernandez@spectrumhuman.org](mailto:mfernandez@spectrumhuman.org)

Telephone: (313) 868-8359

### Facility PREA Compliance Manager

Name: Oliver Cooper

Email: [ocooper@spectrumhuman.org](mailto:ocooper@spectrumhuman.org)

Telephone: (313) 868-8359

### Facility Health Service Administrator N/A

Name: Lawrence Spearman

Email: [Lspearman@spectrumhuman.org](mailto:Lspearman@spectrumhuman.org)

Telephone: (313) 868-8359

### Facility Characteristics

<b>Designated Facility Capacity:</b>	<b>90</b>
<b>Current Population of Facility:</b>	<b>80</b>
<b>Average daily population for the past 12 months:</b>	<b>80</b>
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	<b>11 - 20</b>
<b>Average length of stay or time under supervision</b>	<b>12 - 14</b>
<b>Facility security levels/resident custody levels</b>	<b>Secure</b>
<b>Number of residents admitted to facility during the past 12 months</b>	<b>101</b>
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	<b>101</b>
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	<b>101</b>
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	<b>130</b>
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	<b>52</b>

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
Number of single resident cells, rooms, or other enclosures:	90
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	3
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

### Overview

The State of Michigan Department of Health and Human Services (MDHHS) entered into a contractual agreement with Spectrum Human Services. Spectrum Juvenile Justice Services (SJJS) is a subsidiary of the parent agency, Spectrum Human Services a private non-profit organization.

#### Mission:

SJJS mission is rehabilitate chronically delinquent youthful offenders.

#### Vision:

Utilize our six specialized treatment programs to provide long-term therapeutic services to meet the needs of chronic offenders, substance abusers, sex offenders, violent offenders and delinquent youth with specialized learning needs (cognitive deficits) and delinquent youth with severe emotional disturbances.

#### Services:

Lincoln Center offers comprehensive services that are designed to meet the equally comprehensive range of social, emotional, behavioral, developmental and educational needs of the youth, to achieve our mission of rehabilitation. SJJS utilizes the Forward Focused Treatment Model©, the first empirically guided clinical treatment program developed specifically for adolescents with serious offending behaviors. The model uses evidence-based practices including cognitive behavioral therapy and trauma-focused interventions, based on adolescent brain development research.

Treatment is guided by a developmentally informed conceptualization of the youth's risks and needs and utilizes a multi-modal and multi-pronged approach to treatment and includes the treatment of co-occurring trauma & substance use disorders. Additional modalities are incorporated to establish individualized goals, through person-centered planning. Each youth's length of treatment and subsequent release from the program is based on each youth's previous life experience, world view, behavioral problems, learning ability and individual motivation to change.

Treatment is specifically designed to prevent recurring involvement with the legal system, promote prosocial development, and promote long-term successful life outcomes. Therapeutic services for each youth include weekly individual therapy, group therapy, family therapy and additional trauma-focused services.

Additional psychoeducational services including aggression reduction therapy, social living skills groups, independent living courses, yoga, culinary training and community mentorship services are also provided. Residents are also provided access to non-denominational religious services, on-site medical, dental and psychiatric services. Our services are provided in a highly structured, intensively supervised group and individual treatment milieu.

Educational services are provided twelve months a year in a structured, campus-based environment. Ace Academy, chartered by Central Michigan University, offers a standard curriculum for grades 6-12, as mandated by the Michigan Department of Education. Course offerings include English, Math, Science, Spanish and Physical Education. All residents attend classes Monday through Friday from 7:30 a.m. - 2:00 p.m. All students take the Michigan Educational Assessment Program (MEAP) Test, and eligible students may take the Michigan Merit Exam.

Balanced and Restorative Justice (BARJ) principles are infused throughout the treatment program to help the youth repair victim harm and reduce community risk. Our daily activity program structure is based upon a merit system (token economy), which incorporates Behavior Modification techniques that reinforce our therapeutic approaches which assist the youth in developing prosocial skills, personal responsibility, social accountability and positive habit-forming techniques. Reintegration services including family therapy and supported family involvement

The contractual agreement Between the Michigan Department of Health (MDHHS) and Human Services enables Spectrum Juvenile Justice Human Services (SJJS), through its Juvenile Justice Services, to provide intensive specialized therapeutic residential treatment programs at Lincoln Center. The treatment program is for juvenile sex offenders, chronic high-risk juvenile offenders, and juvenile offenders with acute substance abuse behaviors. Placement for male juvenile offenders are received through the county juvenile courts and MDHHS.

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Lincoln Center located in Highland Park, Michigan was conducted on March 10-11, 2020 by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Nakamoto Group. The Auditor conducted an opening meeting, toured the facility, interviewed a random sample of staff and residents, and reviewed PREA related staff and resident documentation. Upon completion of the onsite audit process, a closing meeting was held with the administrative staff to discuss the audit process and the next step in the audit process.

### **Pre-Audit Phase**

The standards used for this audit became effective August 20, 2012. An internet search confirmed the Lincoln Center 2017 PREA Report was posted on the agency's website and the audit took place on May 18, 2017. An examination of an internet search revealed the following for Lincoln Center:

"To earn a successful release, youth enrolled in the programs must complete seven intensive cognitive behavioral treatment stages, designed to change criminal thinking and delinquent behavior. The programs are intended for chronic offenders, and as such, programming is individualized and indeterminate in length. Each treatment phase is comprised of an extensive list of personal milestones, designed specifically for each youth. Typically, treatment lasts from 12-14 months, however, graduation from the program is based on each individual's motivation and extent of previous criminal socialization.

Each individualized treatment program is based in cognitive restructuring theory and each program uses cognitive behavioral techniques in treatment groups, family therapy, anger management and individualized treatment tasking. The individualized treatment plans are tailored to meet the clinical needs and community risk management needs of each youth. Clinical staff continually modify and update these individualized treatment plans in order to ensure that each negative behavior is being remedied and that positive strengths and values and self-governing controls are being internalized.

All treatment services are delivered under the supervision of appropriately licensed graduate degree staff. Residents are also taught social living skills and independent living skills. New positive behaviors are reinforced through the use of a Merit System and group process. Residents must also complete a Balance and Restorative Justice (BARJ) project prior to earning a release from treatment. All youth are enrolled in an individualized educational program appropriate to their needs

Through seven stages of treatment, residents are guided along the process of self-discovery and transformation. Through the stages of therapy, residents are able to build on personal knowledge gained from previous stages and explore how personal life experiences played a part in shaping their thinking errors and delinquent behaviors. Hands on, experiential therapeutic activities and Balanced and Restorative Justice (BARJ) principles are infused throughout the treatment program. Each stage of treatment has an individually designed BARJ component that must be mastered before progressing. This enables residents to understand and repair the harm they have caused.

Specialized Treatment Programs include:

- CHRONIC VIOLENT OFFENDER TREATMENT
- ADOLESCENT SEX OFFENDER TREATMENT
- SPECIAL LEARNERS TREATMENT PROGRAM (SLTP)
- SPECIALIZED SUBSTANCE ABUSE TREATMENT

Educational Services include:

- ANGER MANAGEMENT/AGGRESSION REDUCTION THERAPY
- SOCIAL LIVING SKILLS AND LIFE MANAGEMENT TRAINING
- SPIRITUAL SERVICES AVAILABLE TO ALL RESIDENTS
- YOGA CLASSES
- CULINARY ARTS COURSES & TRAINING

## **Document Request**

The auditor completed a document review of the Lincoln Center Pre-Audit Questionnaire (PAQ), applicable policies, procedures, and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Manager and the State of Michigan Department of Health and Human Services (MDHHS) representative to discuss logistics for the onsite portion of the audit took place. The following documentation was requested for the onsite visit:

- Roster of residents by unit/room
- Roster of residents with disabilities
- Roster of residents who were Limited English Proficient (LEP)
- LGBTI residents
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening



- Staff roster by shifts
- Specialized staff roster
- Resident census the first day of the audit
- A roster of new employees hired in the past 12 months
- 2020 Staffing Plan
- 2019 Staffing Plan
- List of contact information for volunteers (if applicable)
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors (if applicable)

Prior to the on-site visit, the PREA Coordinator and PREA Compliance Manager reviewed the Pre-Audit Questionnaire (PAQ) and provided evidence in support of standards and sub standards. Examples of documentation provided included policies, documents, forms and memos.

### Entrance Briefing and Tour (On-site Audit)-First day

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of Lincoln Center was held on March 10-11, 2020 by The Nakamoto Group, PREA certified auditor Sonya Love. The population on the first day of the audit was 80. The rated capacity was 90. The age range of the population was 11 – 20. The average population for the last 12 months was 80. A meeting took place with the PREA Coordinator to outline the auditor’s sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional policies and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents were made available to the Auditor for review.

The auditor interviewed the following categories of specialized and random staff, during the onsite phase of the audit:

<b>Category of Staff Interviewed</b>	<b># Interviews Conducted</b>
Random Staff	11
Specialized Staff	28
Total Staff Interviewed * some staff were interviewed for both groups	39
<b>Other Staff Interactions During the Facility Tour</b>	<b># Interviews Conducted</b>
Staff Interactions during the facility tour	5
Staff who refused to be interviewed	0
Total Staff Interviewed	39
<b>Category of Specialized Staff Interviewed</b>	<b># Interviews Conducted</b>
Agency Contract Administrator	1
Agency PREA Coordinator	1
Intermediate or higher-level facility staff responsible for conducting an unannounced round	2
Line staff who supervise youthful residents, if any	1
Education staff who work with youthful residents, if any	1
Program staff who work with youthful residents, if any	1
Medical staff	1
Line staff who supervise youthful residents, if any	1

Education staff who work with youthful residents, if any	1
Program staff who work with youthful residents, if any	1
Mental health staff	2
Administrative (human resource) staff	2
SAFE and SANE staff	1
Volunteers who have contact with residents	2
Contractors who have contact with residents	2
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise residents in segregated housing * personal rooms	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
<b>Total staff interviewed</b>	<b>28</b>

### **Site Review**

Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted throughout the facility by the PREA Coordinator and PREA Compliance Manager. During the tour, the Auditor reviewed PREA related documentation and materials located in common areas on bulletin boards and other displays. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

All signs and postings were in both English, Spanish and Arabic. The Auditor noted that residents lack privacy when using room toilets. Opposite gender announcements were not always consistent. A blind spot was identified in medical department. Information regarding consular notification was not posted in the on the living unit for a resident to access.

Informal and formal conversations with employees and residents regarding the PREA standards were conducted. Postings regarding how residents can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Resident interviews confirmed the placement of the PREA notices. Posted notices and observations noted during the tour were:

- Michigan Department of Human Health Services (MDHHS) Children's Protective Services line, 1-855-444-3911
- WAYNE COUNTY SAFE ADVOCACY PROGRAM OR WC SAFE (Advocacy Organization) For counseling or advocacy services ~ call 313-964-9701 M-F 9a-5p to schedule an appt – all are free and confidential. The main business /office location is located at 2727 Second Avenue, Detroit, MI 48201.

- The Auditor tested access to external entities to report abuse. By telephone residents have access to external entities that provide emotional support, counseling or notification of an incident of sexual abuse or sexual harassment. Each telephone tested was operational at the Lincoln Center.

**Resident Interviews**

At the time of the audit there were 80 residents housed at Lincoln Center. A total of 22 residents were interviewed and 1 resident was released during the audit period. Interviews were conducted using the Department of Justice (DOJ) protocols to access residents’ knowledge of PREA and the reporting mechanisms available to them.

<b>Category of Residents Interviewed</b>	<b># Interviews Conducted</b>
Random residents	11
Targeted residents	11
<b>Total residents interviewed</b>	<b>22</b>
<b>Targeted Resident Interviews-Breakdown</b>	<b># Interviews Conducted</b>
Residents with a Physical Disability	4
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	1
Residents with a Cognitive Disability	4
Residents who Identify as Lesbian, <b>Gay</b> , or <b>Bisexual</b>	2
Residents who Identify as <b>Transgender</b> or Intersex	0
Residents in Segregated Housing for High Risk of Sexual Victimization	0
Residents who Reported Sexual Abuse that occurred at the Facility	0
Residents who Reported Sexual Victimization During Risk Screening	0
<b>Total Number of Targeted Residents Interviews</b>	<b>11</b>

\*Note: Residents selected from various living units

**Staff Interviews**

A total of 11 random staff members (from all shifts) and 28 administrative/specialized staff were interviewed. The administrative staff included positions such as the Executive Director/PREA Coordinator, Director/PREA Compliance Manager, Highland Park Police Department-PREA Investigator, Retaliation Monitor, Human Resources representative and other staff persons. All staff interviewed confirmed having been trained to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

**Victim Advocacy**

The Auditor conducted a telephone interview with the local community victim advocacy organization, Wayne County SAFE Advocacy Program (WC SAFE) regarding the attempts to obtain a Memorandum of Understanding (MOU) with the Lincoln Center. The conversation confirmed that Lincoln Center has an informal understanding with WC SAFE an advocacy organization to provide, a 24 hour per day,

seven days per week Sexual Assault Hotline, medical accompaniment and advocacy for a resident victim of sexual assault. Specially trained advocates are available 24/7 to provide immediate crisis intervention and support at our clinic sites. WC Safe Advocates will accompany the Forensic Examiner to the clinic site of the patient's choice and are available to provide immediate support, information, resources, and referrals to survivors and their families. This may include information on rights and options, including medical and legal options, trauma response and common reactions. Advocates can also assist with safety planning including PPO's and obtaining emergency shelter.

### **SANE/SAFE/International Victim Advocacy**

The Auditor also conducted a telephone interview with a hospital representative for SANE/SAFE at Detroit Medical Center Children's Hospital to confirm that forensic examinations are conducted by specialized trained medical staff.

The Auditor contacted Just Detention International (JDI) via email to determine if any resident from the facility contacted the organization regarding a PREA related issue at the Lincoln Center. JDI denied receiving any correspondence from a resident of the Lincoln Center.

### **Communications with Lincoln Center Residents**

The Auditor did not receive correspondence for any resident of the Lincoln Center

### **File Review**

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed 39 training records to establish compliance with PREA training mandates. This Auditor confirmed that new employees of Lincoln Center completed background checks before hire, and all received National Crime Information Clearance before working around residents. The Auditor reviewed four files for residential facility volunteers/contractors. Four of the volunteers/contractors selected for interview met the five-year background check review mandate. Screening and intake procedures were evaluated by reviewing 80 resident files which included a vulnerability assessment instrument and resident education verification documentation.

### **Investigations**

During the current auditing period, there was two reported allegations of sexual abuse/sexual harassment. Criminal investigations are handled by the Highland Park Police Department for the Lincoln Center. Information is transmitted quickly to the appropriate investigating agency.

### **Closeout**

A closing meeting was held with the Auditor and the administrative staff on March 11, 2020. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their assistance during the onsite portion of the audit and commitment to the PREA process in the second phase of the audit process.

## Facility Characteristics

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

Spectrum Juvenile Justice System (SJJS) implements a multidisciplinary team approach used to provide residents with a network of support that includes everyone with whom the resident has contact during treatment. Security personnel are as much a part of the therapeutic environment as educators and facilitators. At least 120 hours of annual training is required for all staff to continually improve skills and complement programming. The Group Stages of Development, Cultural Competency, Behavior Modification, Trauma Informed Therapy, Cognitive Behavior Therapy, Verbal De-escalation, Social Living Skills and other programs help staff better support residents. Security plays a critical role in the program's success by demonstrating a consistent tone for enhancing a culture of positivity.

Both SJJS (Lincoln Center and Calumet Treatment Center) facilities are designed and constructed to meet the specifications of the Michigan Licensing Rules for Child Caring Institutions. SJJS uses security technology to provide high-security facilities that minimize opportunities for escape, self-injury and suicide. Small pod sizes accommodate the structured separation of juveniles with different diagnoses, risk levels, service needs and aggressive or passive behavioral patterns. Lincoln Center is designed to support continuous staff line-of-sight supervision of residents. SJJS facilities are fully self-contained with space for educational services, indoor recreation, individual and group therapy, medical care, hygiene, dining, maintenance, staff offices, visitation and a secure intake area. A gymnasium and secure outside recreation space are also provided.

Lincoln Center is a secure facility located in a 70,000 square foot building built in 2008. Residents are housed on eight pods, each of which holds ten single-bunk rooms. A ninth pod is known as the "life safety" pod and is used for the isolation of residents who pose a threat to themselves or others. This pod is also used for the protection of residents whose safety cannot be assured by less restrictive measures. All rooms contain a bunk, a desk, and a toilet/sink unit. The pods are arranged along a single hallway in pairs, each of which shares a control room. Classrooms are along the opposite side of the same hallway.

Besides the housing pods, the building contains a facility control room at the front entrance, a visitation area consisting of several small, windowed rooms where residents can individually meet with their families or attorneys. The building also contains a health unit, classrooms, a gym, and a large multipurpose room in which assemblies and other programs are held. There is a large outdoor recreation yard holding a basketball court, several tables, and a grassy area. The recreation yard is surrounded by the building on two sides, and the remaining perimeter consists of a tall fence. The facility also has an administrative wing, which residents never enter. The entire building, including the recreation yard, is surrounded by a fence topped with razor wire.

The facility was designed to minimize blind spots, and staff use a line-of-sight approach to maintain safety and security. Direct staff observation is augmented by the placement of 116 cameras throughout the facility. The cameras cover virtually every area of the facility other than the residents' rooms and the showers. Cameras also cover the recreation yard and the perimeter of the facility. Security staff monitor the cameras, and video can also be viewed by administrators and supervisors. The videos also include audio.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:**

**List of Standards Exceeded: 0**

### Standards Met

**Number of Standards Met: 43**

### Standards Not Met

**Number of Standards Not Met: 0**

**List of Standards Not Met:**

### Corrective Action

#### Standard 115.313: Supervision and monitoring

The Auditor noted that residents lack privacy when using room toilets. Opposite gender announcements were not always consistent. A blind spot was identified in medical department. Information regarding consular notification was not posted in the on the living unit for a resident to access. This issue was corrected before issuance of the final report. The Auditor was provided photos of the changes made by Lincoln Center. After corrective action, Lincoln Center met the requirements for Standard 115.313.

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

The Auditor noted that residents lack privacy when using room toilets. Opposite gender announcements were not always consistent. Lincoln Center developed a magnetic flap to place over a narrow portion of the window to provide all residents with a measure of privacy and the ability to shower, use the toilet and change their clothes without opposite gender staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living area checks. Lincoln Center corrected the problem before the final report was issued. After corrective action, Lincoln Center met the requirements for Standard 115.315.

#### Standard 115.352: Exhaustion of administrative remedies

Problematic was the fact that specific procedural information was omitted from the resident handbook or continuous display to inform a resident the procedure for filing an emergency grievance. The Auditor confirmed that general and emergency procedural information was limited to Lincoln Center staff. Lincoln Center corrected the problem by posting a notice on all living units advising a resident how to

file an emergency grievance related to a PREA complaint. Additionally, the resident handbook is now the mechanism by which Lincoln Center will inform a resident of the procedure and process for filing for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Lincoln Center provided the Auditor with a picture of the emergency procedural information posted on the living units as well as the addendum to the resident handbook regarding filing an emergency grievance. Lincoln Center corrected the problem before the final report was issued. After corrective action, Lincoln Center met the requirements for Standard 115.352.

### **Standard 115.386: Sexual abuse incident reviews**

The sexual incident review of the unsubstantiated incident confirmed that Lincoln Center conducted a sexual abuse incident review within 30 days of the conclusion of the investigation. Problematic was the fact that the incident review team did not include signatures of the participants. Furthermore, the initial submission of the incident review form was absent all elements outlined in Standard 115.386. Lincoln Center corrected the problems identified and resubmitted the incident review with signatures of each team member. The revision included team members from upper management as well as input from a mental health practitioner and line staff. Lincoln Center corrected the problem before the submission of the final report.

## **PREVENTIVE PLANNING**

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

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

#### **115.311 (a)**

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

#### **115.311 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### **115.311 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy and the organizational chart both address the requirements of Standard 115.311. Lincoln Center established an agency PREA Coordinator who position is the Executive Director and she reports to President of Spectrum Human Services. In addition, Lincoln Center employs a facility Director who serves as the PREA Compliance Manager (PCM). During an interview with the Executive Director/PREA Coordinator, she confirmed that she had sufficient time to meet her duties as the PREA Coordinator. Based upon the sum of interviews conducted, review of applicable policy and related documentation, it is apparent that Lincoln Center achieves compliance with the standard for the relevant review period. Lincoln Center is determined to meet Standard 115.311.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Organizational Chart
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### 115.312 (a)



- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services and Lincoln Center does not contract with any other entities to house juvenile residents. SJJS has a contractual agreement with MDHHS to house juveniles referred to the non-profit for treatment and a supplemental network of support services. Residents received from MDHHS are not then transferred to other private agencies or other entities for the confinement of residents. Staff interviews with the PREA Coordinator/Contract Administrator, PREA Compliance Manager, the review of the applicable policy statement and information contained in the PAQ related to this standard establish compliance with Standard 115.312. Lincoln Center met the requirements of Standard 115.312.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Interview with the PREA Coordinator/Contract Administrator
- Interview with the PREA Compliance Manager

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.313 (b)

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy, organizational chart, and staffing plans collectively address the requirements of Standard 115.313. SJJS requires Lincoln Center to develop, implement and document a staffing plan that provides for adequate staffing levels on an annual basis. Interviews with the PREA Coordinator and PREA Compliance Manager confirmed compliance with PREA, and that other safety and security issues are always a primary focus when they consider and review the facility staffing plan. The Auditor examined shift reports to confirm that Lincoln Center maintained a 1:8 daytime staff ratio and a 1:16 nighttime ratio in the facility at all time except in exigent circumstances. According to the PREA Compliance Manager during the last 12 months, Lincoln Center did not deviate from the staffing plan. The PREA Compliance Manager is aware that if there is a deviation the facility must fully

document any limited and/or exigent circumstances during which the facility did not maintain staff ratios. The PAQ and the PREA Compliance Manager confirmed that the facility did not deviate from the established staffing plan during the last 12-month period. Lincoln Center utilized staff hold-overs to maintain adequate staffing levels. The PREA Coordinator confirmed that she has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. Problematic, Lincoln Center 2019 Staffing Plan did not include the necessary elements required for compliance with Standard 115.313. The Lincoln Center 2020 Staffing Plan included each of the 11 requirements outlined in Standard 115.313 (a), however Lincoln Center omitted signatures and the applicable review dates.

Supervisory/Administrative staff members routinely made unannounced rounds covering all shifts and these rounds are documented. The unannounced rounds form demonstrates Lincoln Center's compliance with this standard. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees.

The audit included an examination of all video monitoring systems, residents' access to telephones, staff interviews and a review of the 2019 and 2020 facility staffing plans. After corrective action, Lincoln Center met the requirements of Standard 115.313.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Organizational Chart
- Annual Staffing Plan 2019 and 2020
- Shift reports and rosters
- Auditor review of files of unannounced rounds (all shifts)
- Interview with the PREA Coordinator
- Auditor's facility tour
- Interview with the PREA Compliance Manager
- Interviews with staff (random and targeted)

#### **Corrective Action**

During the facility tour. The Auditor noted a blind spot in the medical department. The facility corrected the problem by placing a convex mirror in a corner to enhance safety and security. The Auditor was provided still photos of the changes made by Lincoln Center to correct the blind spot and provide residents with added privacy.

Lincoln Center 2019 Staffing Plan did not include the necessary elements required for compliance with Standard 115.313. The Lincoln Center 2020 Staffing Plan included each requirement outlined in Standard 115.313, however Lincoln Center omitted signatures with review days. The Auditor could not determine that the plan was reviewed, modified, or approved for implementation in consultation with the agency PREA Coordinator. Lincoln Center corrected the problem by revising the 2020 staffing plan, including the necessary elements of Standard 115.313 and adding signatures, titles and a revised review date. Lincoln Center provided the Auditor with a copy of the revised 2020 Lincoln Center Staffing Plan. The issues mentioned above were corrected before issuance of the final report.

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

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

### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents and Resident Search Policy collectively address the requirements of Standard 115.315. Lincoln Center houses male youth residents only. Specifically, the Resident Search Policy indicates that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances. In addition, interviews with the PREA Coordinator and the PREA Compliance Manager mutually validate information contained in the PAQ Standard 115.315, which states there were no cross-gender searches of any resident at the facility during the last 12 months.

All interviewed random and specialized staff confirmed that Lincoln Center staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PREA Coordinator also confirmed this in her interview with the Auditor. By examination of training files and the training curriculum the Auditor verified that the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security

needs. Random and targeted residents interviewed confirmed that staff at Lincoln Center conducted pat down searches in a professional and respectful manner, and in the least intrusive manner possible.

Random and targeted residents interviewed confirmed during their interviews that most of opposite gender staff announce their presence when entering the living area. During the onsite tour of the facility the Auditor heard announcements being made by some Lincoln Center staff. All residents interviewed confirmed that Lincoln Center affords each resident with the ability to shower, use the toilet and change their clothes without opposite gender staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living area checks. Problematic, during the facility tour the Auditor noted that toilets were easily visible from doorway entrances which diminishes a resident's ability to use the toilet privately. Lincoln Center corrected the problem. After corrective action, Lincoln Center met the requirements for Standard 115.315.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Training sign in sheets and curriculum
- Interviews with residents (random and targeted)
- Auditor's tour of the facility
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

**Corrective Action**

The lack of privacy was an issue for the resident. The Auditor noted that residents lack privacy when using room toilets. Opposite gender announcements were not always consistent. Lincoln Center developed a magnetic flap to place over a narrow portion of the window to provide all residents with a measure of privacy and the ability to shower, use the toilet and change their clothes without opposite gender staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living area checks. After corrective action, Lincoln Center met the requirements for Standard 115.315.

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

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

**115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Pages 1-2; Section IV; Subsection A, addresses the requirements of Standard 115.316. SJJS/Lincoln Center takes reasonable steps to ensure meaningful access for all residents to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. SJJS has an on-going contract with Broomberg & Associates, LLC to provide all residents in need of interpretive services which includes sign language, to assistance a resident if required to communicate effectively. Broomberg & Associates, LLC, employ interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These services are available to residents of the Lincoln Center 24 hours a day. The Auditor reviewed the current vendor agreement with Broomberg & Associates, LLC.

During random staff interviews, all facility staff confirmed that they refrain from relying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. According to the PAQ the number of instances where resident interpreters, readers, or other types of resident assistants have been used under § 115.364, or the investigation of the resident's allegations was confirmed by the PREA Coordinator and the PREA Compliance Manager as zero. Lincoln Center met the requirements of Standard 115.316.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Interpreting Services Agreement with Broomberg & Associates, LLC
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

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

### 115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents address the requirements of Standard 115.317. SJJS/Lincoln Center policies prohibit the hiring or promotion of anyone (staff, volunteers, and contractors) who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The PREA Coordinator and PREA Compliance Manager also confirmed that the agency prohibits the hiring or promotion of anyone who may have contact with residents who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Likewise, SJJS/Lincoln Center prohibits the hiring or promotion of anyone who may have contact with residents who has been civilly or administratively adjudicated. More, the PREA Coordinator confirmed the agency's hiring and promotion practices for Lincoln Center. The agency conducts motor vehicle checks, criminal background and sex offender checks of all (staff, when applicable volunteers, and contractors) every five years.

The Auditor reviewed thirty-seven five-year criminal background checks which confirmed that they were completed on current Lincoln Center staff. In the past 12 months, the PREA Coordinator verified that Lincoln Center completed criminal background checks on 41 new employees who may have contact with residents. An interview with the PREA Coordinator and information noted in the PAQ under

Standard 115.317 confirmed that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was 1. Equipment service contractors are not allowed on the housing floors with residents according to the PREA Coordinator, except under direct supervision.

Lincoln Center has a policy that prohibits the enlistment of services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The PREA Coordinator indicated that the facility would restrict any contractor or volunteer who was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent. Further, the PREA Coordinator indicated that MDHHS also prohibits Lincoln Center from enlisting the contractual services of any contractor who may have contact with residents who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The agency's policy also prohibits the enlistment of services of any contractor who may have contact with residents who has been civilly or administratively adjudicated. Lincoln Center meets the requirements of Standard 115.317.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents
- Michigan State Police Internet Criminal History Access Tool (ICHAT) criminal history files2
- Employment document: PREA Employment questions (3)
- Interviews with staff (random and specialized)
- Interview with the Human Resources representative
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

**115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

**115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SJJS/Lincoln Center has not acquired or added a new building to the existing structure since August 20, 2012. The PREA Coordinator and the PREA Compliance Manager both confirmed during separate interviews that Lincoln Center has enhanced video cameras by upgrading the video monitoring system from analog to digital capabilities and improving the pixel clarity of pictures. Lincoln Center met the requirements of Standard 115.318.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Observations of the Auditor during the on-site tour
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)



- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy and the Michigan Model Policy: The Law Enforcement Response to Sexual Assault Adults and Young Adults address the requirement of Standard 115.321. The Michigan Model Policy outlines circumstances when a resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in

the facility; or (3) the service is provided at the request of the administrator of a correctional facility. SJJJ offers all residents who experience sexual abuse access to forensic medical examinations at Detroit Medical Center Children's Hospital (juveniles) or Detroit Receiving Hospital (adults), without financial cost, where evidentiary or medically appropriate. Both hospitals have SANE/SAFE examiners or a qualified medical practitioner on site. The PREA Coordinator confirmed that in the past twelve months there has been zero forensic medical exams conducted on residents from Lincoln Center.

The Auditor confirmed by examination that Lincoln Center has a contract to hold residents for MDHHS. Currently no MOU exist between WC SAFE and the Lincoln Center. Lincoln Center provided the Auditor with documented evidence of all attempts to obtain a formalized agreement with an advocacy organization. WC SAFE representative indicated to the Auditor that the organization serves the entire state and that no victim of sexual abuse would be denied services.

Random and specialized staff confirmed knowledge of an informal agreement with WCSAFE, a local victim advocacy organization and what services are offered by the provider. Residents had a general understanding of what type of services were available for victims of sexual abuse at WC SAFE but could not recall specifics. Each resident was familiar with where additional advocacy information could be located on their living unit. Specialized staff confirmed that if requested by the victim, Lincoln Center would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a local mental health provider, victims of sexual abuse, either during or prior to admission, can receive emotional support services from a Victim Advocate at Wayne County SAFE Advocacy Program. Residents can call the MDHHS Children's Protective Services line at 1-855-444-3911 for additional support services or more information.

Lincoln Center is responsible for investigating administrative allegations of sexual abuse. Allegations of sexual abuse that rise to criminal behavior is referred to the Highland Park Police Department for investigation and referral for prosecution when applicable. During an interview with the agency investigator, he confirmed that the facility follows the requirements for investigating allegations of sexual abuse. The same investigator confirmed that the investigative protocol is developmentally appropriate for youth and was adapted from or otherwise is based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011; as well as confirmed trained investigators complete the National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. Lincoln Center met the requirements of Standard 115.321.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Michigan Model Policy: The Law Enforcement Response to Sexual Assault Adults and Young Adults Michigan Domestic and Sexual Violence Prevention and Treatment Board
- Detroit Receiving Hospital (adults)
- Detroit Medical Center Children's Hospital SANE Program document
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager

- Interview with the PREA Coordinator

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

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

### 115.322 (a)

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

### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.322 (c)

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

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Investigative Protocol, Pages 8-10; Section H, address the requirements of Standard 115.322. The agency has a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency, Highland Park Police Department (HPPD), with the legal authority to conduct criminal investigations. During an interview with the Highland Park Police Department, PREA Investigator confirmed that the HPPD would conduct all criminal investigation for the Lincoln Center. SJJJS policy describes the responsibilities of both the agency and the criminal investigating entity, HPPD. The agency has a practice that documents all such referrals. The agency published such policy on its website per the PAQ and the interview with the PREA Coordinator, Lincoln Center had zero criminal investigation during the past twelve month period and two administrative investigation of alleged resident sexual abuse that did not require a referral to the prosecutor's office. The Auditor examined one administrative investigation (unfounded) and one unsubstantiated during the audit process. Lincoln Center met the requirements of Standard 115.322.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Investigative Protocol, Pages 8-10; Section H
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator
- Interview with the Highland Park Police Department, PREA Investigator
- Review of the agency's website

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Transgender Resident Policy, PREA employee training curriculum, verification of training, all address the policy requirement of Standard 115.331. The training curriculum provided by the facility was tailored to the specific needs of a juvenile population.

The staff PREA educational curriculum was developed for the adult-learner. The training curriculum included a pre and posttest to measure the efficacy of training platforms such as handouts, PowerPoint presentations, brochures and lectures). Employee signature of training documentation supports that each new employee participated in staff orientation that included PREA education. The Auditor reviewed the training curriculum used to educate staff about the Prison Rape Elimination Act and all associated MDHHS and SJJS policies. According to random and specialized staff (100%) interviewed during the onsite portion of the audit, Lincoln Center trained all employees regarding the residential facility and agency policies to include:

1. Zero Tolerance Policy for sexual abuse and sexual harassment
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
3. Residents' right to be free from sexual abuse and sexual harassment
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
5. The dynamics of sexual abuse and sexual harassment in a residential setting
6. The common reactions of sexual abuse and sexual harassment victims
7. How to detect and respond to signs of threatened and actual sexual abuse
8. How to avoid inappropriate relationships with resident
9. How to communicate effectively and professionally with residents that self-identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

An interview with both the PREA Coordinator and PREA Compliance Manager confirmed that all staff are required to participate in in-service training that is tailored to the male juvenile population placed at Lincoln Center. 100% of random and specialized staff confirmed receiving PREA refresher training at least every two years, in fact the Lincoln Center provides staff PREA updates monthly in the form of shift briefing, memos and directives. Moreover, staff at Lincoln Center are required to complete a review of agency policies addressing PREA related education and indicate by employee signatures that they understood the training received.

The PREA Coordinator and PREA Compliance Manager both confirmed that Lincoln Center hosts trainings to better clarify PREA related issues, discuss a PREA related frequently asked question, and issue mandates to support a training initiative to enhance detection and prevention practices in the facility. Since the last audit, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements was 41. Likewise, the Auditor determine by examination that all Lincoln Center staff who have come into contact with residents were trained in accordance with Standard 115.331. Interviews with random and specialized staff regarding PREA training confirmed that all staff sampled participated in training in the last two years. Lincoln Center met the requirements of Standard 115.331.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- PREA Refresher: Juvenile Detention PREA Basic
- PREA Training Verification Forms
- LG BTQ+ Information Guide
- Youth Orientation Packet
- Transgender Resident Policy
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

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

### 115.332 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Policy Review, Education and Training Requirements to Effectively Address Sexual Harassment, Assault and Abuse: and to Sustain a Zero-Tolerance Climate addresses the requirement of Standard 115.332. All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. The Auditor interviewed two volunteers and two contractors during the onsite portion of the audit. The PREA educational curriculum utilized by SJJJ/Lincoln Center for training volunteers and contractors is based on the services each provides and the frequency of their contact with the resident (s). The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The



Auditor also sampled the training records of volunteers and contractors for verification compliance with Standard 115.332. Lincoln Center met the requirements of Standard 115.332.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Policy Review, Education and Training Requirements to Effectively Address Sexual Harassment, Assault and Abuse: and to Sustain a Zero-Tolerance Climate
- Volunteer/Contractor Orientation Acknowledgement Forms
- Interview with volunteers
- Interview with contractors

**Standard 115.333: Resident education**

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

Info

**115.333 (a)**

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

**115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

**115.333 (c)**

- Have all residents received the comprehensive education referenced in 115.333(b)?  Yes  No

- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Pages 1-2; Section IV; Subsection A; End Silence, Youth Speaking Up About Sexual Abuse In Custody novel; End the Silence brochure; and Sexual Abuse Prevention Orientation Packet collectively address the policy requirements of Standard 115.333. Likewise, SJJS policy directs Lincoln Center to provide PREA education to any resident assigned to the facility. PREA education also includes educating those residents who are Limited English Proficient (LEP), deaf, visually impaired, physically or cognitive disabled or residents who have limited reading skills.

In turn, Lincoln Center mandates that staff review with residents the End Silence Youth Speaking Up About Sexual Abuse in Custody novel, End the Silence brochure, Sexual Abuse Prevention Orientation Packet, and other PREA related educational information and inform residents of the agency's zero-tolerance policy, their right to be free from sexual abuse, sexual harassment and from retaliation for reporting allegations of sexual abuse/sexual harassment. To verify receiving the mandatory training, each resident signs an acknowledgement at the Lincoln Center. Additionally, each resident interviewed could describe multiple ways to report sexual abuse or sexual harassment. All residents interviewed were aware that Lincoln Center posted PREA reporting options for residents throughout the facility. Further, each resident interviewed was aware of PREA reporting methods such as informing staff, using the PREA hotline number, filing a grievance or third-party reporting. The Auditor noted that PREA informational posters were displayed throughout the facility in prominent areas along with telephone numbers to call to report abuse to an outside entity. All resident files sampled (random and targeted) confirmed that each resident signed an acknowledgement confirming receipt of PREA education within 72 hours of their arrival to the facility. Lincoln Center met the requirements of Standard 115.333.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Pages 1-2; Section IV; Subsection A
- End Silence, Youth Speaking Up About Sexual Abuse In Custody graphic novel
- End the Silence brochure
- Sexual Abuse Prevention Orientation Packet
- Auditor review of resident education materials
- Auditor review of resident institutional file
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Compliance Manager
- Facility tour/observations/informal interviews

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

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

##### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings?

(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

Yes  No  NA

#### 115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy addresses the requirements of Standard 115.334. In addition to the general PREA training, Lincoln Center pursuant to §115.331, investigators receive training in conducting investigations in confinement settings. Three facility staff completed specialized training using material from the National Institute of Corrections (NIC) entitled “Investigating Sexual Abuse in Confinement.” The training was verified through examination of training certificates and staff interviews, as well as a review of the training curriculum which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. The NIC specialized training also included techniques for interviewing juvenile sexual abuse victims. Based upon the evidence examined, staff interviews, review of applicable policy and related documentation, Lincoln Center met the requirements of Standard 115.334.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Interview with an investigator
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Examined documentation of completion of general PREA training
- Examined certificates of completion of specialized training from the National Institute of Corrections - investigations

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

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

**115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Specialized Training for Medical and Mental Health Professionals addresses the requirement of Standard 115.335. SJJS has a policy related to the requirements for medical and mental health practitioners who work in SJJS facilities to complete general PREA education and specialized PREA related training. Lincoln Center medical and mental health practitioners completed NIC training coursework termed, PREA 201 for Medical and Mental Health Practitioners. The Auditor examined eleven training certifications that confirmed NIC training, PREA 201 for Medical and Mental Health Practitioners was completed by Lincoln Center specialized staff. Likewise, the Auditor also confirmed that the same eleven medical and mental health practitioners also completed general PREA education.

According to the PREA Coordinator and PREA Compliance Manager, Lincoln Center's medical staff does not conduct forensic medical exams of residents. The Auditor interviewed specialized medical and mental health staff. These same staff confirmed that they do not conduct forensic examination on Lincoln Center residents.

The Auditor validated by examination that Lincoln Center maintains documentation that medical and mental health practitioners have received the training referenced in this standard and training was also verified through upload in section 115.335 (c)-1. Lincoln Center met the requirements of Standard 115.335.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Examination of training files for completion of general PREA training by specialized staff
- Examination of specialized training certifications
- Interview with specialized Medical and Mental Health Practitioners

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

**115.341 (a)**

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

### 115.341 (b)

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

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

### 115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings?  Yes  No



- Is this information ascertained during classification assessments?  Yes  No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Pages 2-3; Section IV; Subsection B., Spectrum Juvenile Justice Services Residential Treatment Admission Form; Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services document; and Spectrum Juvenile Justice Services Prison Rape Elimination Act (PREA) Sexual Assaultive and Vulnerability Questionnaire collectively address the requirements of Standard 115.341. The agency has a practice that requires that all residents are assessed for risk of victimization and abusiveness toward others upon admission to Lincoln Center or transfer from or to another facility. In addition, the policy requires that residents be screened for risk of sexual victimization or risk of sexually abuse within 72 hours of their admission. The admission screening form considers the criteria outlined in 115.341 (d) to assess residents for risk of victimization and abusiveness such as the age of the resident; physical build; previous incarcerations; the resident's perception of vulnerability; and whether the resident is or is perceived to be gay, bisexual, transgender, intersex or gender nonconforming.

Interviews with specialized staff and admission staff confirmed that Lincoln Center would not discipline a resident for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness. Specialized staff, PREA Coordinator, and PREA Compliance Manager all confirmed during individual

interviews that Lincoln Center has a system in place to guard against the dissemination of sensitive information by staff or other residents.

Interviews with staff confirmed their understanding that within 30 days from the resident's arrival at the facility the resident would undergo a reassessment for risk of victimization or abusiveness based upon new information that could impact the resident's risk of sexual victimization or abusiveness. An interview with the PREA Coordinator and PREA Compliance Manager confirmed that Lincoln Center does not discipline residents for refusing to answer, or for not disclosing complete information in response to questions asked.

During the previous 12 months there were 101 residents entering Lincoln Center screened for risk of sexual victimization or risk of sexually abusing other residents. The number of residents that stayed longer than 30 days and reassessed was 101. Based on staff and resident interviews, and sampling 80 institutional admission forms, Lincoln Center meets the requirements outlined in Standard 115.341.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents, Pages 2-3; Section IV; Subsection B
- Spectrum Juvenile Justice Services Residential Treatment Admission Form
- Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services
- Spectrum Juvenile Justice Services Prison Rape Elimination Act (PREA) Sexual Assaultive and Vulnerability Questionnaire
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator

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

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

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

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy; Spectrum Juvenile Justice Services Residential Treatment Admission Form; Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services document; and Spectrum Juvenile Justice Services Prison Rape Elimination Act (PREA) Sexual Assaultive and Vulnerability Questionnaire collectively address the requirements of this standard. The policy addresses how the facility will use information gained from the risk screening tool to inform housing, education, and bed location to keep residents with a history of abusiveness from those residents with a history of victimizations. Interviews with an admission staff person, the PREA Coordinator and PREA Compliance Manager all confirmed that Lincoln Center makes individualized determinations about how to ensure the safety of each resident using information from the risk screening in order to make informed decisions in the matters of housing, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Further, in making determinations for other housing and programmatic assignments, the PREA Coordinator and PREA Compliance Manager confirmed that Lincoln Center will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Lincoln Center policy also requires that placement and programming assignments for a transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. During the onsite audit there were zero transgender or intersex residents in the facility therefore there was no documentation for the Auditor to examine. Lincoln Center uses assessment forms to document a transgender or intersex resident's own view with respect to his/her own safety. The PREA Compliance Manager and the PREA Coordinator both confirmed that the views of a transgender or intersex resident would be given serious consideration. The Auditor noted zero residents is segregation or time out status for PREA related allegations.

At the time of the audit there were two residents who self-disclosed themselves as bisexual during the intake process. Neither resident indicated being placed in specialized housing because they disclosed their sexual identify. During the facility tour the Auditor found no segregated facilities, units, or wings used to house gay, bisexual, transgender, or intersex residents on the sole basis of such identification or status. Based on staff and resident interviews, examination of assessment documents, a review of

applicable policy, interviews with targeted residents and related documentation; Lincoln Center meets the requirements outlined in Standard 115.342.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Spectrum Juvenile Justice Services Residential Treatment Admission Form
- Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services
- Spectrum Juvenile Justice Services Prison Rape Elimination Act (PREA) Sexual Assaultive and Vulnerability Questionnaire
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

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

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

### 115.351 (c)

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

### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Pages 4-5; Section IV; Subsection D; End Silence, Youth Speaking Up About Sexual Abuse In Custody Novel (cartoon graphic); End the Silence Brochure; SJJS Resident Handbook and the Sexual Abuse Prevention Orientation Packet collectively address the requirements of Standard 115.351.

SJJS policy demonstrates that Lincoln Center provides multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff reporting sexual abuse and sexual harassment. Furthermore, the Auditor confirmed during her facility tour that PREA related

information including multiple reporting signage was displayed in common areas to include all living units. Moreover, sexual abuse or sexual harassment informational signage included posters, and a 24-hour hotline reporting number. The MDHHS Children's Protective Services (CPS) (external entity) also accepts calls from residents alleging sexual abuse or sexual harassment. According to a MDHHS representative, Children's Protective Services would immediately address the resident reports of sexual abuse and sexual harassment and allow the resident to remain anonymous if requested. Third party/someone outside of Lincoln Center can also make a PREA report by contacting MDHHS Child Protective Services (CPS). The CPS toll-free phone number, (855) 444-3911 was visibly displayed throughout the facility.

All residents (random and targeted) were all aware of several ways to report sexual abuse or sexual harassment to include third-party reporting and verbally informing a Lincoln Center staff member. All staff interviewed understood they should accept verbal reports of sexual abuse or sexual harassment, document the incident, and report the allegations to a supervisor immediately. Lincoln Center staff, family, and friends may also utilize the hotline numbers to report an allegation privately to a member of upper management. Interviewed staff indicated a willingness to privately report sexual abuse or sexual harassment by telephone to a Lincoln Center supervisor, the director or to the CEO. Further, interviews with staff also indicate they understood that they must accept all reports and they are responsible for immediately reporting all allegations and document the incident in an incident report. Likewise, random and targeted (100%) of residents could provide the Auditor with multiple methods to report sexual abuse or sexual harassment. Absent from the notification process was the ability of an undocumented resident detained solely for civil immigration purposes to be provided information on how to contact consular officials and/or relevant officials of the Department of Homeland Security. It should be noted that SJJIS and by extension Lincoln Center (PREA Coordinator) confirmed that the facility does not accept residents who are being held for civil immigration purposes. Lincoln Center met the requirements of Standard 115.351.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- End Silence, Youth Speaking Up About Sexual Abuse In Custody graphic novel
- End the Silence brochure
- Sexual Abuse Prevention Orientation Packet
- Examination of the Resident Handbook
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

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

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This



does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

## 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Section D., Pages 4-5 addresses the requirements of Standard 115.352. SJJS has established an administrative procedure for a resident to file a grievance. A resident can submit a grievance to Lincoln Center authorities regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. A resident is not required to use any informal grievance process, or to otherwise attempt to resolve the issue with staff, of an alleged incident of sexual abuse. The policy indicated that the resident is permitted to submit a grievance alleging sexual abuse without submitting it to the staff member who is the reason for the complaint. SJJS/Lincoln Center also requires that the facility provide the resident with a decision on the merits of the complaint alleging sexual abuse within 90 days of the filing of the grievance. SJJS/Lincoln Center also mandates that the Lincoln Center shall notify the resident in writing when Lincoln Center request an extension to answer a grievance. The request for an extension should include the date of the request and the date of the decision. According to the Auditor's review of the policy, SJJS also allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of a resident.

### Emergency Grievance

The Auditor established that Lincoln Center informs all residents about the general grievance process and multiple ways to report abuse. Problematic was the fact that specific procedural information was omitted from the resident handbook or continuous display to inform a resident the procedure for filing an emergency grievance. The Auditor confirmed that general and emergency procedural information was limited to Lincoln Center staff. Lincoln Center corrected the problem by posting a notice on all living units advising a resident how to file an emergency grievance related to a PREA complaint. Additionally, the resident handbook is now the mechanism by which Lincoln Center will inform a

resident of the procedure and process for filing for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

The policy includes appropriate timelines with a statement such as "...within 48 hours an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse must be responded to immediately, and a final agency decision issued within 5 days." The Auditor reviewed grievances submitted during the last 12-month period. There were zero emergency grievances filed that alleged sexual abuse in the last 12 months.

The PREA Compliance Manager confirmed during his interview that if an emergency grievance is filed alleging that a resident is subject to a substantial risk of imminent sexual abuse, the issue will be handled immediately and the resident protected from harm by removing the source of the imminent sexual abuse. In an Interview with the PREA Coordinator she confirmed an awareness that the agency is required to document the agency's determinations whether the resident is in a substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

During his interview, the PREA Compliance Manager confirmed his understanding that a resident filing a grievance in good faith related to a sexual abuse incident cannot be disciplined. The PREA Compliance Manager confirmed information submitted in the PAQ under Standard 115.352 specifically, in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero. After corrective action, Lincoln Center met the requirements of Standard 115.352.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Review of grievances
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

#### **Corrective Action**

Problematic was the fact that specific procedural information was omitted from the resident handbook or continuous display to inform a resident the procedure for filing an emergency grievance. The Auditor confirmed that general and emergency procedural information was limited to Lincoln Center staff. Lincoln Center corrected the problem by posting a notice on all living units advising a resident how to file an emergency grievance related to a PREA complaint. Additionally, the resident handbook is now the mechanism by which Lincoln Center will inform a resident of the procedure and process for filing for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Lincoln Center provided the Auditor with a picture of the emergency procedural information posted in the living units as well as the addendum to the resident handbook regarding filing an emergency grievance.

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

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

### 115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.353 (b)

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

### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy and End the Silence Brochure collectively address the requirements of Standard 115.353. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Contact information is posted throughout the facility for the Wayne County SAFE Advocacy Program (WCSAFE) notices were observed posted during the tour of the facility.

SJJS/Lincoln Center has attempted to enter into a memorandum of understanding (MOU) with Wayne County SAFE Advocacy Program. The attempts are well documented. A representative from WC SAFE indicated that the advocacy organization serves all residents of the State of Michigan. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible using the toll-free hotline numbers and written communication. Residents may also contact the MDHHS Children's Protective Services line at 1-855-444-3911. Information regarding international advocacy organizations is also assessable for residents like Just Detention International (JDI). The Auditor contacted JDI via email. JDI denied receiving any complaints from resident, friends or families concerning PREA related issues at the Lincoln Center.

Interviewed separately, all medical and mental health staff confirm that residents are informed prior to giving them access to outside support services, the extent to which their conversation will be monitored. The same medical and mental health staff also confirmed that they would outline with a residents the mandatory reporting rules regarding confidentiality that is applicable to information discussed by a resident regarding a history of abuse made to a health care professional or to a victim advocate in accordance with mandatory reporting laws.

During interviews with Lincoln Center residents, each confirmed that they can call their attorney anytime. All resident interviews (random and targeted) all confirmed that they have reasonable access to parents or legal guardians if they desire to communicate with them. Lincoln Center met the requirements of Standard 115.353.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## **Standard 115.354: Third-party reporting**

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

### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy addresses the policy requirements of Standard 115.354. Lincoln Center has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident. The reporting methods are publicly published on the SJJS website. Contact information available on the website includes a web link to Spectrum Human Services: <http://www.spectrumhuman.org/SHS/AboutUs/CorporateCompliance.aspx>. Residents may also contact the MDHHS Children's Protective Services line at 1-855-444-3911. Family, friends or anyone can call the State of Michigan reporting toll-free hotline by calling 855-444-3911. Likewise, residents all have access to the WC SAFE Crisis Line at 313-430-8000. The Auditor found the third-party numbers posted on every living units in Lincoln Center.

The Auditor interviews of random and targeted residents revealed that they are aware of at least one third-party reporting method. Equally residents were aware that a third-party could file a PREA related complaint on their behalf. Residents indicated during interviews that they felt comfortable confiding in a trusted Lincoln Center staff member to report sexual abuse or sexual harassment. Most residents interviewed agreed that they would confide in the CEO and Facility Director without hesitation to disclose an incident of sexual abuse or sexual harassment. Based on interviews and documentation reviewed, Lincoln Center met the requirements of Standard 115.354.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire

- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No



- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians?  Yes  No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.361. The agency has a policy that requires staff to immediately report any knowledge, suspicion, or information regarding an incident

of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation that occurred at Lincoln Center. Random and specialized staff interviewed during the audit confirmed that they have a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

All Medical and mental health practitioners interviewed confirmed an agency requirement to report sexual abuse to a designated supervisor and if applicable to a designated State or local service agency if required by mandatory reporting laws. Likewise, the same medical and mental health practitioners confirmed that they have a responsibility to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.

The facility Director/PREA Compliance Manager indicated that he has a responsibility to promptly report any allegation of sexual abuse or sexual harassment to his direct supervisor the CEO. Upon receiving any allegation of sexual abuse, the facility Director/PREA Compliance Manager or his or her designee would promptly report the allegation to the PREA Coordinator, the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. More, if the alleged victim is under the guardianship of the child welfare system, the facility Director/PREA Compliance Manager confirmed that he would promptly report the allegation to the alleged victim's caseworker, MDHH and the CEO instead of the parents or legal guardians.

The PREA Coordinator and PREA Compliance Manager both confirm that staff is also prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in applicable directives, to make treatment, investigation, and other security and management decisions. Furthermore, if a juvenile court retains jurisdiction over the alleged victim, the facility Director confirmed that he would also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

According to the PREA Compliance Manager, Lincoln Center reports all allegations of sexual abuse and sexual harassment including third party and anonymous reports to the PREA Coordinator and upper management. The PREA Coordinator would initiate the investigative process. Lincoln Center met Standard 115.361.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

### **Standard 115.362: Agency protection duties**

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

##### **115.362 (a)**

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.362. The agency requires staff at the Lincoln Center to take immediate action to protect a resident when he is identified as being subject to substantial risk of imminent sexual abuse.

Staff (random and specialized) indicated knowledge and understanding of their role and responsibility when a staff person learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. Staff also acknowledged they would follow the guidelines set forth in Policy 115.362. Interviews with staff (random and specialized), the PREA Coordinator, Retaliation Monitor and PREA Compliance Manager all explained their understanding of their role to protect a victim from risk of imminent sexual abuse and the agency mandate to comply with Standard 115.362. In the past 12 months, zero times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. Lincoln Center met the requirements of Standard 115.362.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Retaliation Monitor

## Standard 115.363: Reporting to other confinement facilities

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

### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

### 115.363 (b)

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

### 115.363 (c)

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

### 115.363 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.363. The facility Director/PREA Compliance Manager confirmed during his interview that upon receiving the notification that a resident was sexually abused while confined at another facility he would notify the head of the facility or the appropriate office of the agency where the abuse occurred after 72 hours after receiving the allegations. The PREA Compliance Manager confirmed that during the past 12 months, the

number of allegations Lincoln Center received that a resident was abused while confined at another facility was zero.

Further, the PREA Compliance Manager also confirmed that upon notification by a resident of a sexual abuse allegation that occurred while confined at another facility the PREA Compliance Manager would notify the PREA Coordinator, the appropriate agency head, MDHHS where the abuse occurred and notify the appropriate investigative agency. Based on interviews, review of applicable policy and related documentation, Lincoln Center met Standard 115.363.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

**Standard 115.364: Staff first responder duties**

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

**115.364 (a)**

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

**115.364 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Investigative Protocol addresses the requirement of Standard 115.364. SJJIS Policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder to safe guard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence. The agency has more detailed expectation of staff if a resident is 1). Suspected or alleged Resident-on-Resident rape, sexual assault, or forced sexual activity with or without sexual penetration, 2. Suspected or alleged Staff-on-Resident sexual activity of any type or 3). Any other intentional Resident-on-Resident sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another Resident, with or without the latter's consent) and/or alleged or suspected Resident-on-Resident sexually abusive contact.

Interviews with staff (random and specialized) (100%) confirmed that each staff member understood their responsibility as a first responder as outlined in Standard 115.364 and the SJJIS Investigative Protocol. Lincoln Center met the requirements of Standard 115.364.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Investigative Protocol
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with a first responder (security)
- Interview with a first responder (non-security)

## Standard 115.365: Coordinated response

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

### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirement of Standard 115.365. Lincoln Center has developed a written Coordinated Response Plan to direct actions that should be taken in the event of an incident of sexual abuse among first responders, medical and mental health practitioners, facility leaders and the investigator.

The Lincoln Center Coordinated Response guides the procedures that should occur in the event an abuse or assault occurs. For example, when activating the Coordinated Response, the policy identifies who is responsible for overseeing the implementation of the coordinating actions. The first responder responsibilities include actions such as:

- Contact Administration/Supervision.
- Separate victim and alleged perpetrator.
- Protect incident scene if identified.
- Immediately contact the Highland Park Police Department.
- Report allegation to Children's Protective Services.
- Request that victim does not wash, change clothes, urinate, defecate, smoke, eat, drink etc. (pending forensic exam).
- Do not allow Perpetrator to wash, change clothes, urinate, defecate, smoke, eat, drink, etc.
- Document all information and activities in an Incident Report.
- Cooperate with investigators, prosecutors, Facility Administration.

Supervision/Administration is responsible include actions such as:

- Respond to assist first responder.
- Contact Facility Director.
- Facilitate transportation of victim for forensic examination (if applicable).
- Ensure protection of evidence (including victim and scene) pending evidence collection by qualified investigator.
- Implement any special instructions by Facility Director or designee.
- Document all activities and information in an Incident Report.

Other staff included in the Lincoln Center’s Coordinated Response are Facility/Center Director or Designee, medical and mental health practitioners, investigators and the facility management team. Further, interviews with random and specialized staff confirmed their understanding of their responsibility in a coordinated response. Lincoln Center met the requirements of Standard 115.365.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with a First Responder (security)
- Interview with a First Responder (Non-Security)
- Interview with an Investigator
- Interview with the PREA Coordinator

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

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.366 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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



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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

SJJS does not participate in any type of collective bargaining agreements pertinent to staffing. No current agreements exist that limit the agency's 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. Lincoln Center met the requirements of Standard 115.366.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## Standard 115.367: Agency protection against retaliation

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

#### 115.367 (a)

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

#### 115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.367. SJJS/Lincoln Center has established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and has designated a staff member charged with monitoring retaliation.

Lincoln Center has identified a staff person to serve as the Retaliation Monitor. The Retaliation Monitor reports to the PREA Compliance Manager as it related to PREA. In an interview with the facility Retaliation Monitor. She discussed her responsibility to monitor multiple measures such as a resident's disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. In addition, the Retaliation Monitor also indicated that the monitoring process would also include a face to face meeting with the victim for at least 90 days following a report of sexual abuse. Furthermore, the Retaliation Monitor said that she would continue the monitoring process beyond 90 days if the initial monitoring indicated a justification for additional monitoring. If any other staff/resident who cooperates with the investigation expressed a fear of retaliation, as the Retaliation Monitor, she would also take all necessary actions to protect the victim against any form of retaliation. The obligation to Retaliation Monitor will end if an investigation was determining to be unfounded. unfounded. According to the Retaliation Monitor, the number of times an incident of retaliation occurred in the past 12 months at the Lincoln center was zero. Lincoln Center met the requirements of Standard 115.367.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Compliance Manager
- Interview with the Retaliation Monitor
- Interview with the PREA Coordinator

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standards 115.368 and 115.342. Lincoln Center Policy states that the facility does not utilize “isolation” within the facility. The facility reserves the right to use administrative re-assignment of housing, and program re-evaluation for the protection of its residents. Any resident that has an administrative re-assignment, will be documented along with other safety measures on a resident safety plan. The safety plan shall be re-evaluated at least every 30 days.

The Auditor confirmed through interview with the PREA Compliance Manager, that the number of residents that alleged sexual abuse in the past 12 months post allegation protective custody remained zero since the submission of the PAQ. The PREA Compliance Manager affirmed that use of segregation for a PREA related incident would always be a last resort. He was aware and could detail other alternatives to protect a resident absent of placement in segregation. Lincoln Center met the requirements of Standard 115.368.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy

- Interview with the PREA Compliance Manager

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

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

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

**115.371 (h)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

**115.371 (i)**

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

**115.371 (j)**

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

**115.371 (k)**

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

**115.371 (l)**

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.371. When Lincoln Center conducts its own administrative investigation into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Lincoln Center, PREA Coordinator and PREA Compliance Manager each confirmed in separate interviews with the Auditor that investigations of PREA allegations, extend to third party and anonymous reports. It will be at the discretion of the local authorities as to whether allegations of conduct that appear to be criminal be referred for prosecution. Lincoln Center shall request of local authorities that they use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.334. When an outside entity such as the local police department investigates sexual abuse, Lincoln Center fully cooperates with outside investigators and remains informed about the progress of the investigation through the PREA Compliance Manager who reports to the PREA Coordinator.

Lincoln Center policy, examination of investigative reports coupled with interviews with the PREA Coordinator and PREA Compliance Manager all confirm that upon receipt or discovery of an allegation or sexual abuse incident, at a minimum, the PREA Compliance Manager/administrative investigator will review both direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, determine the need for a criminal investigation and report the matter to the PREA Coordinator. Lincoln Center will fully cooperate with investigators and endeavor to remain informed about the progress. Further, an interview with the PREA Coordinator and the PREA Compliance Manager both confirm that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of unsubstantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero.

The PREA Coordinator and PREA Compliance Manager also confirmed that Lincoln Center retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Lincoln Center ensures that the departure of an alleged abuser or victim from employment or control of the agency does not provide a basis for terminating an investigation. Furthermore, Lincoln Center has a policy in place that requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The PREA Compliance Manager/administrative investigator described the role of an investigator which included responsibilities such as gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators and witnesses, reviewing prior reports and complaints of sexual abuse involving the suspected perpetrator. Based upon interviews with the PREA Coordinator and PREA Compliance Manager, Lincoln Center meets the requirements of Standard 115.371.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with investigator
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

### **Standard 115.372: Evidentiary standard for administrative investigations**

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

##### **115.372 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

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

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

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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*



*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.372. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. The Auditor interviewed an investigator, the PREA Coordinator and the PREA Compliance Manager who all confirmed that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. Lincoln Center met the requirements of Standard 115.372.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Compliance Manager and PREA Coordinator
- Example: investigation as certification of administrative findings for proper standard of proof
- Interview with investigator

## **Standard 115.373: Reporting to residents**

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

#### **115.373 (a)**

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

#### **115.373 (b)**

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

#### **115.373 (c)**

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Pages 8-10; Section H. address the requirements of Standard 115.373. Two allegations of sexual abuse were documented in the last 12 months. One allegation was determined to be unfounded and the second incident was unsubstantiated. In the case of the unsubstantiated finding, the resident was notified in writing of the outcome of the investigation. The Auditor examined the notification document. Documentation was contained in the investigative file at Lincoln Center. The PREA Compliance Manager explained his responsibility to document all such notifications or attempted notifications of the resident (victim). The local police PREA investigator also confirmed his responsibility to provide Lincoln Center with a written notification of the outcome of any criminal investigation. The police investigator said he has a good working relationship with Lincoln Center; therefore, he would notify both the PREA Coordinator and the PREA Compliance Manager of his investigative findings.

During separate interviews, the PREA Compliance Manager and PREA Coordinator confirmed their responsibility at conclusion of an investigation (unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody), Lincoln Center would inform the resident: If the staff member is no longer employed at the facility, or that Lincoln Center learns that the staff member has been indicted on a charge related to sexual abuse at Lincoln Center, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the alleged abuser has been convicted on a charge related to sexual abuse at Lincoln Center.

Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews. Lincoln Center met the requirements for Standard 115.373.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Pages 8-10; Section H.
  
- Interview with the PREA Coordinator (designated agency head)
- Interview with the PREA Compliance Manager and sample notification document for the investigation Interview with the local police PREA investigator

<b>DISCIPLINE</b>
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## Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Disciplinary Sanctions for Employees, Contractors and Volunteers Related to Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents address the requirements of Standard 115.376. Lincoln Center employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. The PREA Compliance Manager indicated that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months zero employees were terminated as a sanction of a PREA incident. More, the PREA Compliance Manager also indicated during his interview that staff disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be proportionate to the nature, scope and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the Auditor found two staff involved allegations of sexual abuse or sexual harassment at the Lincoln Center that resulted in a suspension pending the outcome of the investigation. One incident was determined to be unfounded. The second incident was found to be unsubstantiated, however, an employee involved in this incident was disciplined for failure to report that a resident attempted to contact her through social media.

The PREA Compliance Manager confirmed that if a license practitioner violated the agency’s sexual abuse or sexual harassment policies or resigned in lieu of termination he would continue the investigation, report the incident to local law enforcement (if applicable) and the relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Lincoln Center met the requirements for Standard 115.376.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Compliance Managers
- Sample documentation: Suspension pending investigation dated 11/30/19, unsubstantiated

**Standard 115.377: Corrective action for contractors and volunteers**

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

**115.377 (a)**

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

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirement of Standard 115.377. The facility policy states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with residents. During her interview with the Auditor, the PREA Compliance Manager confirmed that any contractor or volunteer who engages in sexual abuse would be prohibited from contact with residents, reported to law enforcement agencies (unless the activity was clearly not criminal) and when applicable reported to relevant licensing bodies. During this reporting period, Lincoln Center indicated zero contractors or volunteers reported for sexual abuse or sexual harassment violations as outlined in policy. Lincoln Center met the requirements of Standard 115.377.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

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

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

### 115.378 (a)

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

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

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

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy address the requirements of Standard 115.378. The policy defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as a prohibited act. It identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. Following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, a resident would be subject to disciplinary sanctions only pursuant to a formal disciplinary process. The PREA Coordinator confirmed that the agency would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Lincoln Center prohibits consensual sex between residents, but it does not constitute sexual abuse. The facility's disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Lincoln Center does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. According to the PAQ and confirmation from the PREA Compliance Manager, in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero.



The PREA Compliance Manager and PREA Coordinator indicated that a resident's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed. Mental health practitioners confirmed involvement in determining the type of sanction when determining disciplinary sanctions for residents with mental disabilities. Likewise, Mental health practitioners confirmed that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency would not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. Random and targeted resident interviewed for the audit agree that Lincoln Center disciplinary sanctions are fair and appropriate to the infraction. Compliance with this standard was determined by a review of policy/documentation, and staff and resident interviews. Lincoln Center met the requirements for Standard 115.378.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Interview with staff (specialized)
- Interview with residents (random and targeted)

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

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

#### 115.381 (b)

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

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses Standard 115.381. Residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the admission screening.

Specialized staff affirmed that if screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, Lincoln Center staff will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the admission screening and the referral is documented. Interviewed specialized staff affirmed that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioner and other decision-making staff as necessary to inform treatment plans and security management decisions, including housing, bed, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners also confirmed their responsibility to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Random and specialized staff provided the Auditor with examples of a reason other staff would need to know sensitive information about a resident such as a housing consideration. Staff also affirmed a duty to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. Lincoln Center has a consent process that grants the authorization to release and request information. Staff (specialized) interviews confirmed compliance with this policy.

In the past 12 months, all residents that disclosed previously perpetrating sexual abuse during screening, were offered a follow-up meeting with a mental health practitioner. More, in the past 12 months, the PREA Compliance Manager and the PREA Coordinator both confirmed that 101 residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Specialized staff affirmed during interviews with the Auditor, that Lincoln Center does not maintain secondary materials documenting compliance with service provided to a resident. All records and any services provided are centralized in the resident's institutional files. Lincoln Center met the requirements of Standard 115.381.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with Medical and Mental Health staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers

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

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

**115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

**115.382 (b)**

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

**115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses requirement Standard 115.382. Lincoln Center provides medical and mental health services to all residents placed at Lincoln Center. Information and access to emergency medical care are offered to all resident victims, as medically or clinically indicated. Victim advocacy services are offered through a trained offsite victim advocacy (WC SAFE) organization.

SJJS policy prohibits resident co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the resident. Resident victims of sexual abuse are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

There were zero allegations of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE representative and the facility medical staff. Lincoln Center met the requirements for Standard 115.382.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire

- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with the PREA Compliance Manager
- Telephonic interview with Detroit Medical Center Children’s Hospital representative
- Medical Staff

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

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

#### 115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

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

#### 115.383 (c)

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

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.383 (f)

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

### 115.383 (g)

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

### 115.383 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses requirements of Standard 115.383. Lincoln Center offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the resident. Lincoln Center staff medical and mental health practitioners interviewed confirmed that sexual abuse/sexual harassment victim services are consistent with the standard of care available in the community. Resident victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate.

Mental health evaluations are conducted on all known resident-on-resident abusers within at least 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. Treatment is offered by mental health practitioners. A review of documentation and interviews with PREA Coordinator, PREA Compliance Managers and specialized staff support the finding that this facility is following this standard. Lincoln Center met the requirements for Standard 115.383.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.386 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.386. During the past 12-month period there were zero criminal investigations and two administrative investigation. One administrative investigation was unfounded and one was determined to be unsubstantiated. The facility conducted a sexual abuse incident review at the conclusion of the unsubstantiated sexual abuse investigation within 30 days of the conclusion of the investigation.

Problematic was the fact that the incident review document was incomplete. The incident review did contain critical reporting elements such as signatures of the participants, a finding determination. Additionally, the initial submission of the incident review form involvement of line a line staff supervisor as outlined in Standard 115.386. More, while the review team included upper-level management officials, the Auditor found no input from line supervisors, investigators, and medical or mental health practitioners at the facility. The Lincoln Center policy indicates that "...the review must be led by one upper-level Manager with input provided minimally by line supervisors and one mental and medical health practitioner." Lincoln Center corrected the problems identified by the Auditor and resubmitted the incident review which met all standards contained in 115.386. During his interview with the local police PREA investigator the Auditor determined that Lincoln Center also consulted with the investigator regarding the unsubstantiated incident of sexual abuse.



The Auditor also interviewed an incident review team member who indicated that he understood the purpose of the incident review process such as a review of staffing levels and assessing whether monitoring technology should be augmented to supplement staff supervision in the facility in light of a sexual abuse investigation. After corrective action, Lincoln Center met the requirements of Standard 115.386.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Incident review form
- Interview with Incident Review Team Member
- Interview with the PREA Compliance Manager

**Corrective Action**

The sexual incident review of the unsubstantiated incident confirmed that Lincoln Center conducted a sexual abuse incident review within 30 days of the conclusion of the investigation. Problematic was the fact that the incident review team did not include signatures of the participants. Furthermore, the initial submission of the incident review form was absent all elements outlined in Standard 115.386. Lincoln Center corrected the problems identified and resubmitted the incident review with signatures of each team member. The revision included team members from upper management as well as input from a mental health practitioner and line staff.

**Standard 115.387: Data collection**

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

**115.387 (a)**

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

**115.387 (b)**

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

**115.387 (c)**

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

**115.387 (d)**

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

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy addresses the requirements of Standard 115.387. The PREA Coordinator and the PREA Compliance Manager both confirmed that Lincoln Center collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The Auditor located the 2018 SJJS Annual PREA Data Report on the agency's website. The PREA Coordinator also confirmed SJJS completed and forwards to the Department of Justice (DOJ) the Survey of Sexual Violence (SSV) which is a standardized instrument.

SJJS tracks information concerning sexual abuse using data from Lincoln Center using computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the SSV, conducted by the Department of Justice. Lincoln Center aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PREA Coordinator works in conjunction with PREA Compliance Manager to maintain and collect data required to meet this standard. Facility compliance with this standard was also determined by a review of policy, a review of the tracking documentation and staff interviews. Lincoln Center met the requirements for Standard 115.387.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator
- Review of report data on SJJS website

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

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

#### 115.388 (c)

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

#### 115.388 (d)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirement of Standard 115.388. Lincoln Center reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The PREA Compliance Manager forwards data to the PREA Coordinator. An SJJS 2018 annual report is prepared and placed on the agency website. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Lincoln Center met the requirements for Standard 115.388.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy
- 2018 Sexual Assault Prevention Program Annual Report
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

#### 115.389 (a)

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

#### 115.389 (b)

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

### 115.389 (c)

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

### 115.389 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy addresses the Standard 115.389. The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. Lincoln Center met the requirements of Standard 115.389.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy
- Interview with the PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This was the second PREA audit of this facility. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both residents and staff. The facility has received at least one PREA audit since August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the Lincoln Center allowed residents to send confidential letters to the Auditor prior to the audit. There were no confidential letters mailed to the Auditor as a result of the audit postings at Lincoln Center. Lincoln Center met the requirements for Standard 115.401.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

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

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All Spectrum Juvenile Justice Services facilities were audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly and publicly posted on the agency website.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Interview with the PREA Coordinator
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)



## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Sonya Love  
**Auditor Signature**

4/22/2020  
**Date**

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

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