Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: 8/19/2020 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: 10/9/2020

Auditor Information

Name: Latera Davis	**Email:** laterad@yahoo.com
Company Name: Just4Consultants LLC	
Mailing Address: PO Box 1105	**City, State, Zip:** Grayson, GA 30017
Telephone: 404-457-8953	**Date of Facility Visit:** June 8-9, 2020

Agency Information

Name of Agency: Sequel TSI Owens Cross Roads (Sequel TSI-OCR)			
Governing Authority or Parent Agency *(If Applicable):* Sequel Youth and Family Services			
Address: 1131 Eagle Tree Lane		**City, State, Zip:** Huntsville, AL 35801	
Mailing Address: 1131 Eagle Tree Lane		**City, State, Zip:** Huntsville, AL 35801	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information:			

Agency Chief Executive Officer

Name: Chris Roussos	
Email: chris.roussos@sequelyouthservices.com	**Telephone:** 256-880-339

Agency-Wide PREA Coordinator

Name: Tanesha Fane	
Email: Tanesha.fane@sequelyouthservices.com	**Telephone:** 469-904-5910
PREA Coordinator Reports to: Senior Director of Compliance	**Number of Compliance Managers who report to the PREA Coordinator:** 19

Facility Information

Name of Facility: Sequel TSI Owens Crossroads

Physical Address: 318 Hamer Road		**City, State, Zip:** Owens Cross Roads, Alabama	
Mailing Address: 318 Hamer Road		**City, State, Zip:** Owens Cross Roads, Alabama	
The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: difference.sequelyouthservices.com

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: The Joint Commissioner

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Reported NA however auditor attained copy of DYS audit.

Facility Administrator/Superintendent/Director

Name: Dr. Mahalian Boykin

Email: Mahalian.boykin@sequelyouthservices.com	**Telephone:** 256-725-7170

Facility PREA Compliance Manager

Name: Kelsi Waller

Email: Kelsi.waller@sequelyouthservices.com	**Telephone:** 256-725-7170

Facility Health Service Administrator ☐ N/A

Name: Sara Thrasher

Email: sara.thrasher@sequelyouthservices.com	**Telephone:** 256-725-7170

Facility Characteristics

Designated Facility Capacity:	16

Current Population of Facility:	5
Average daily population for the past 12 months:	20.3
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☒ Females ☐ Males ☐ Both Females and Males
Age range of population:	12-18 YOA
Average length of stay or time under supervision	90 days
Facility security levels/resident custody levels	Moderate Security/Staff Secured

Number of residents admitted to facility during the past 12 months	50
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	50
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	50
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)?	☐ Yes ☒ No

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):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A

Number of staff currently employed by the facility who may have contact with residents:	48
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
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:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

Physical Plant	
Number of buildings: **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.**	4
Number of resident housing units: **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.**	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	4
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☐ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations	
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:	0
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.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Madison County DHR ☐ N/A

Administrative Investigations	
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?	0
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*	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☒ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Madison County DHR ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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.

Sequel TSI-OCR, part of Sequel Youth & Family Services agreed to participate in a Prison Rape Elimination Act (PREA) audit, conducted by auditor (Latera Davis) and associate (Lindsay Watson).

Site Review Location: The site review for this audit took place at the Sequel TSI-OCR program located at 318 Hamer Road, Owens Cross Roads, Alabama. The facility is in the northern section of the state. The audit team conducted pre-audit work prior to arrival at the facility. Pre-audit work included, but was not limited to: review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency (electronically submitted), email correspondence, and telephone calls.

A certified PREA audit was conducted at the Sequel TSI-OCR program located in Owens Cross Roads, Alabama on 6/10-6/11, 2020. The Sequel TSI-OCR program is operated by Sequel Youth & Family Services; and is contracted by the Alabama Department of Youth Services (DYS) to provide housing and treatment for the Department of Youth Services (DYS) youth. The Sequel TSI-OCR facility hereinafter may be referred to as a program. It should be noted that, for the purpose of this audit report, the female youth housed at the program will be called "residents" for the duration of the report. It should also be noted that the original audit was scheduled in April, however, due to COVID-19, the audit was rescheduled.

The auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, facility walk through, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard.

Pre-onsite Audit Phase
Posting: On 2/4/2020, the auditor provided the audit notice to the Sequel TSI-OCR program PREA coordinator (PC), with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. Photos were sent to the auditor on 3/11/2020, indicating that the facility posted the notices in English and Spanish. The auditor received photos of the timestamp posted notices, located in common areas. Due to COVID-19, and the rescheduling of the original audit date, the Sequel TSI-OCR program updated the notice to residents on 5/19/2020. The auditor did not receive communication from any residents.

Pre-Audit Questionnaire (PAQ): In order to prepare for the audit process, pre-kick off email correspondence occurred with the agency's PREA compliance manager (Kelsi Waller) on 3/11/2020. As the auditor reviewed the materials provided by the facility, any outstanding documents were communicated directly with the agency PREA coordinator. Completed documents were submitted or discussed via telephonic and email correspondence.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 3/15/2020. Additional documentation received included

agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials were also provided. The lead auditor in consultation with the audit team reviewed all the documentation submitted by the facility and prepared a list of issues based on the evidence provided. Any pre-audit issues were directly discussed with the PREA compliance manager.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided via email correspondence; to include both the agency and the program policy and procedures, agency mission statement, daily population report, schematic/layout for the program, and the last final PREA Audit Report. The auditor was provided a list of requested documents for on-site review. As the auditor reviewed the materials provided by the program, the content/documents were organized and any outstanding issues/concerns were addressed via telephonic and email correspondence, with the program PREA compliance manager (PCM). It should be noted that a list of random and special categorized residents was provided prior to the on-site review.

Website Review: Prior to the on-site portion of the audit, the auditor conducted a website review of the Sequel TSI-OCR program. The reviewed content included, but was not limited to: PREA website (overview and reporting), prior PREA audits, and program annual reports. It should be noted that program reports are also posted on the Alabama Department of Youth Services (DYS) website. During the post audit phase of the audit, a news article written by a Huntsville outlet, discussed a concern about an audit conducted by the Alabama Disability and Advocacy Program (ADAP). The article discussed a variety of problems associated with Sequel TSI-OCR program and that the organization ADAP had grave concerns of the overall safety of the children. The safety concerns identified were concerning the overall wellbeing of the children placed at the center, however there was no concern associated with sexual safety.

Site Review Preparation: Due to Covid19, the site preparation process occurred over an extended period. The original audit was rescheduled. Between February-May 2020, the auditor provided the PCM with email notification regarding the team's upcoming site visit. A conference call was conducted on 2/14/2020 at 1:00PM EST enabling the auditor to interact with the agency PREA compliance manager and program director. The audit process was discussed as well as specific plans for the Sequel TSI-OCR program on-site audit.

Prior to the on-site portion of the audit, the auditor was made aware that the facility did not house male residents or residents who were held for immigration purposes. Email communication was sent to the PREA compliance manager requesting the following information in preparation for the site review:

- Staffing Plan/Documentation of deviation for the staffing plan
- Annual Reviews
- Logs of exigent circumstances for cross gender pat down searches
- Staff training logs
- Written materials used for effective communication about PREA residents' w/disabilities or limited reading skills.
- Documentation of staff training on PREA complaint practices for residents' w/disabilities
- Documentation of investigators who have completed specialized investigative training
- Documentation of mental health and medical staff that have completed specialized training
- Screening instrument used to determine risk for victimization
- Documentation of use of screening information to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents with a high risk of being sexually abusive
- Sample resident grievances (on-site will review general grievances filed)

- Resident handbook (on-site will review)
- Documentation of notifications of abuse while confined at another facility (if applicable)
- Facility institutional plan (coordinated plan)
- Retaliation reports (all investigation files, last 12 months)
- Documentation when segregated housing was used to house residents who have alleged to have suffered sexual abuse (if applicable)
- Sample of investigations of alleged sexual abuse complaints completed by the agency
- Sample of investigations of alleged sexual abuse complaints completed by outside agency
- Sample of documentation of any substantiated or unsubstantiated complaints
- Sample of documentation of notifications
- Sample records of terminations, resignations, or other sanctions against staff—allegations of sexual abuse or sexual harassment—within the last 12 months – may request to review more SH while on site)
- Reports of sexual abuse of residents by contractors or volunteers
- Sample records of disciplinary actions against residents for sexual conduct with staff
- Sample records of disciplinary actions against residents for sexual conduct against other residents (need substantiated abuse or harassment allegations)
- Documentation of sexual abuse incident reviews
- Sexual abuse reports
- Incident Mapping Report
- Unannounced rounds documentation
- A summary of all incidents within the past 12 months (log)
- All transgender evaluations completed in the last 12 months
- Rosters
- Resident
- Notice of auditor post-English/Spanish (received)
- Residents w/disabilities
- Residents who are limited English proficient (LEP)
- LGBTI residents
- Residents in segregated housing (PREA related)
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster
- Specialized staff list
- Staff personnel (documentation)
- Resident documentations
- List of contractors who have contact with residents
- List of volunteers who have contact with residents
- PREA reassessments (all sexual abuse cases)

On-Site Audit Phase

Team Composition/Entrance

The audit team consisted of the auditor (Latera Davis) and associate (Lindsay Watson). On 6/10/2020 at approximately 8:30 am. The audit team arrived at the facility to conduct an entrance meeting with the facility director, PREA compliance manager and the leadership team, along with beginning the on-site process (physical plant inspection and interviews). The leadership team consisted of Executive Director (program director) Dr. Mahalian Boykin, PCM Kelsi Waller, clinical director, and unit manager.

Entrance Meeting

The entrance meeting served as initial introductions and on-site logistics with the program leadership. The auditor reiterated the PREA Resource Center's (PRC) expectations of the on-site and written report along with the audit goals. The auditor provided an overview of the expectations during the on-site audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on-site and if necessary and post on-site follow up.

Prior to the on-site audit and upon conclusion of the entrance meeting, the audit members were provided resident and employee documentation to review. Resident and staffing lists were also provided allowing the audit team to make randomized selections of interview participants. The Sequel TSI-OCR program direct care staff work 8-hour shifts.

Day One: The audit team conducted the physical plant site inspection along with staff and resident interviews.

Day Two: The audit team completed the remaining interviews and file review. Upon completion of assigned tasks, audit team members returned to the assigned office to discuss site observation, informal and formal interviews, file review, and necessary corrective actions. Day two also served as the close out conference.

Interviews: Due to Covid-19, and the need to take extra safety precautionary measures; resident and informal auditor contact during the walk through was limited.

For the formal interviews, members of the audit team selected names of individuals who would be interviewed, and the facility staff prepared the residents and staff members for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated with the interviewing audit team member recording responses by hand or typed. Due to the number of residents housed at the program, all residents were interviewed.

On the first day of the on-site audit there were three residents and 25 staff reported at the program. Staff interviews were based on who was at the program on the days of the audit, varying staff shifts, and positions/roles held. The audit team members split up the interviews of specialized and random staff along with required resident interviews. It should also be noted that the Sequel TSI-OCR program, also houses youth in the foster care system. Housing is separate; however, the majority of the youth at the program are foster care involved youth.

Over the two days on-site, 42 interviews were conducted with staff that have specialized roles and responsibilities. It should be noted that this also included staff that have dual role responsibilities. The interviews were conducted privately in several different meeting rooms and the protocols used included but were not limited to: incident review team members, mental health staff, screening staff, security first responder, agency head, staff who supervise residents in isolation, agency contract administrator, DYS contract administrator, HR administrator, intake staff, PREA coordinator, intermediate or higher level staff, facility director, medical staff, staff who monitor for retaliation, and one volunteer. The Sequel TSI-OCR program has approved volunteers, however due to COVID-19, volunteers are not allowed in the program at this time.

Along with the specialized staff, 13 random staff were interviewed. Random staff were chosen by retrieving a list of staff from every shift, including new and more tenured staff. A separate list of targeted residents was provided prior to the on-site audit. A total of two targeted resident interviews were identified. There were no residents housed for the sole purpose of immigration. It was also reported that there were

no residents segregated for risk of sexual victimization, which was confirmed through staff and resident interviews, as well as site review by audit team members.

The lead auditor was largely responsible for the interviews with the Sequel TSI-OCR management staff, including the director and the PREA compliance manager. The audit team worked with the program to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in an empty offices or staff offices, via Zoom and telephonic communication.

Due to the limited number of youths housed at the program, all residents were interviewed. The sampling strategy included interviewing all residents which included selection of targeted residents within the sample of participants. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the resident's knowledge of PREA and reporting mechanisms available to them at the Sequel TSI-OCR program. It should also be noted that a majority of the targeted residents at the program also reported having a history of prior victimization during risk screening. There were no residents who identified as lesbian, gay, bi-sexual or transgender at the time of the on-site audit.

Category of Residents	Number of Interviews
Random residents	3
Targeted residents	2
Total Residents Interviewed	
Breakdown of Targeted Residents Interviewed	
Residents with disabilities	0
Residents who are blind, deaf, or hard of hearing	0
Residents who are LEP	0
Residents with cognitive disabilities	0
Residents who are LGB	0
Residents who Identify as transgender or intersex	0
Residents who reported sexual abuse that occurred at the facility	0
Residents who reported sexual victimization during risk screening	2
Resident segregated housing for sexual victimization	0
Category of Staff Interviewed *** It Should Be Noted That Some Interviews Conducted Duplication of The Same Staff.	
Random staff	13
Specialized staff	24
Agency head	1
Program director	1
PREA compliance manager	1
PREA coordinator (Sequel and DYS)	2
Total Staff Interviewed	42
Breakdown of Specialized Staff	
Contract administrator	2
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds	2
Medical staff	1
Mental health staff	1
Non-medical staff involved in cross gender searches (f applicable)	NA
Volunteers Who Have Contact with Residents	1

Contractors Who Have Contact Residents	0
Administrative Investigators	0
Staff Who Perform Risk for Victimization and Abusiveness	2
Staff Who Screen Resident in Segregated Housing	NA
Designated Staff Members Charged with Monitoring for Retaliation	1
First Responders	10
DYS Advocate	1
Incident Review Team	2
HR Administrator	1

Site Review: The audit team conducted a comprehensive site review of the program. The audit team was provided a layout of the program prior to the on-site review. The Sequel TSI-OCR program is comprised of four buildings, in which there are two housing units in two buildings. It should be noted that only one housing unit is dedicated to juvenile justice involved youth. The facility site visit included visiting all locations where residents had access on-site and could be present. The director and PCM, assisted in escorting the auditor throughout the program during the inspection.

During the site review, the team members inspected the following:

- Administration building (1)
- Resident services building (1)
- Education Building (1)
- Gymnasium (1)

The Sequel TSI-OCR program is a medium/staff secured facility for female juvenile offenders in the State of Alabama. As identified by the facility and observed during the site review, the housing unit contained one resident housing unit for juvenile justice involved youth. There are four multiple occupancy rooms that can house up to 16 residents. All residents were housed in one room during the time of the audit.

The auditor inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The auditor noted placement and coverage of video monitoring and technology, along with surveillance cameras, and reviewed for potential blind spots. Inspections of bathroom and shower areas were conducted, with particular observation of possible cross-gender viewing. The camera monitoring system is older and has very limited capabilities in conducting video surveillance and monitoring. The program has a contract and is in progress of updating the camera monitoring system.

The living units have community toilets and showers available for resident use. At the time of the site tour, only one room was occupied. Resident shower by themselves and male staff are not allowed on the unit during shower time. The housing units open up to a multipurpose area with tables and chairs for activities.

The administrative building is largely utilized for staff offices and the housing of foster care youth. However, juvenile justice involved youth utilize the administrative building for access to the dining hall and an isolation room (as needed). The isolation room has adequate windows so that staff visual access can be seen from multiple angles.

The residents do not have phone access on the housing unit. During the tour, the auditor noticed placement of the PREA audit notices along with the Alabama Youth Services posters and PREA

informational resources. The residents were not on the unit during the on-site visit; therefore, the auditor did not observe how male staff enter the housing units.

The Sequel TSI-OCR program has two classrooms used during the school day. The classrooms are in a separate building. The classrooms may be used outside of education for groups and/or activities. Next to the educational building is the gymnasium. The gymnasium is utilized for small and large muscle activities. Medical care is provided to residents through the on-site medical clinic.

Due to no new intakes, the audit team was not able to observe a portion of the resident intake/orientation process. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. There were no locations of concern identified during the tour.

The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Date Received
Just Detention International (JDI)	7/30/20
RAINN	7/30/20
SANE	7/30/20

The auditor asks the advocacy organizations the following questions:

How many SAFE or SANE referrals made in the last 12 months?

Can the resident remain anonymous, upon request, when making a report?

Who do you notify at the facility regarding the report?

How many reports has the organization received in the past 12 months for advocacy services?

How many residents reported sexual abuse and/or sexual harassment?

It should also be noted that the Alabama DYS has an internal advocacy program; in which the DYS staff will accept allegations of sexual abuse or harassment, monitor said claims, and follow up with the resident.

Documentation Review and Sampling

Documents Reviews: During the site review, documentation review included, but was not limited to the audit teams review of: personnel files, training records, resident intake, screening, and education records; along with sexual abuse/harassment investigations, grievances and any other related documents that covered the prior 12-month period. The documentation review process was covered by the auditor.

Records Review

Name of record	Total # of records	# sampled and reviewed
Staff personnel records	48	42
Volunteers and contractor personnel record	3	2
Training files/documentation/records (staff, contractor, volunteer)	48	44

Medical/mental health records (victims) Resident contact after report SH/SA and intake screening	0	0
Intake files (resident education/SVAT) ***Records of youth placed after the start of audit reviewed as well.	50	23
Investigation Records	0	0

Investigations Review

	Sexual Abuse		Sexual Harassment	
	Resident on Resident	Staff on Resident	Resident on Resident	Staff on Resident
Hotline	0	0	0	0
Report to DYS/Grievances	0	0	0	0
Reports to Staff	0	0	0	0
Anonymous, 3rd party	0	0	0	0
Reports by Staff	0	0	0	0

Grievances: The Sequel TSI-OCR program has a DYS grievance box where residents can place grievances. The grievances submitted in the DYS box are reviewed by a DYS advocate.

Informational Consolidation: The audit team members met frequently throughout the two days to consolidate information and ensure that the interviews, documentation reviews, and program observations supported a compliance determination for the required PREA standards. The team met on-site and off-site to discuss findings. When additional information was requested to establish compliance, the management team was responsive and made every effort to deliver documentation. The program staff was receptive to providing additional documentation along with noted concerns in documentation review.

Exit Briefing

The audit team conducted an exit meeting on 6/11/2020 at which preliminary findings of the review were discussed with the program leadership team. During the exit, the auditor provided an overview of the on-site inspection results and discussion of follow up requested information.

Post Onsite Audit Phase

Upon return from the on-site phase of the audit, the auditor and the agency PREA compliance manager agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data.

Communication with the Sequel TSI-OCR PREA compliance manager and designated facility staff began immediately upon the conclusion of the on-site audit. Communication was ongoing, with responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports.

Audit Section of the Compliance Tool: The auditor continued to review documentation and interview notes gathered while on-site and compile information to enter the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into relevant sections of the standards. To ensure all standards were thoroughly analyzed, the auditor proceeded standard by standard, determining compliance or non-compliance.

Interim Audit Report: The auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool and began writing of the Interim Report. The Interim Report included reference to policies and procedures, agency and facility reports, and supplementary documentation provided by the facility and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The auditor incorporated evidence gathered on-site and through documentation review as proof for the conclusion of whether the facility exceeded, met, or did not meet the standard of review.

Final Audit Report: 10/9/2020

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.

Facility Demographics

- Positions: 48
  - Administration - 18
  - Direct Care Workers - 30
  - Volunteer – 0 ***services not functioning at this time due to COVID-19
  - Contractors – 0 ***services not functioning at this time due to COVID-19

Facility Description

The Sequel TSI-OCR program is a juvenile facility that houses female offenders in the State of Alabama. The programs mission reads as follows:

> Our mission is to provide a comprehensive educational program that will enable the residents to maximize their potential as they will have the knowledge to shape the future and become productive citizens who are contributing members of their community and society. To this objective we will follow the defined principles of our beliefs.

Sequel Youth and Family Services at Owens Cross Roads, Alabama, was established in 1996 as a residential treatment facility serving females in need of a locked, secure environment and in need of intensive residential treatment services. The program has 30 beds licensed by the Alabama Department of Mental Health with 10 contracted by the Alabama Department of Human Resources as intensive care beds. The treatment staff provides comprehensive, challenging, and therapeutic services for adolescent females ages 12 to 18. Our program utilizes a cognitive behavioral approach to focus on maladaptive behaviors and provides rehabilitative services including individual, group, and family therapy; psycho-educational groups; basic living skills groups; medication monitoring; psychiatric and medical care; and peer group dynamics therapy.

The program is very "process oriented" and residents learn to verbalize needs, feelings, and goals in a safe environment. The program utilizes a highly effective therapeutic adventure program as well as Positive Peer Culture (PPC) therapy to emphasize values and team building. PPC therapy empowers residents to make changes by learning from each other, improves social skills and helps them become positive leaders of their peers. Adolescents tend to listen to the advice of peers more than that of adults and the PPC promotes behavior modification wherein youth challenge and change each other with the supervision and guidance by staff members.

Student Profile:

- Females, ages 12 to 18 years old
- Full-scale IQ above 70
- Is impulsive/irresponsible
- Denies and/or justifies negative behavior
- Has problems with anger and aggression
- Demonstrates a low degree of empathy and self-esteem

- Lacks self-discipline
- Exhibits poor coping skills
- Is non-compliant with authority
- Is amenable to a normative culture

Security Supervision

The Sequel TSI-OCR program maintains a ratio of 1:8 (student/staff) during waking hours and 1:12 during sleeping hours.

The Sequel TSI-Owens Cross Roads program services girls who have had a series of failed placements in outpatient treatments, residential programs or a series of psychiatric hospitalizations. The New Beginnings program serves girls with behavioral and emotional issues, in need of medication monitoring, and comprehensive assessments. Many of our girls have experienced trauma, such as abuse of a physical, emotional and/or sexual nature, which is addressed through the intensive treatment process. Many of the diagnoses served include: Oppositional Defiant Disorder, Bipolar Disorder, ADHD, Learning Disabilities, and Behavioral Issues.

The time an adolescent spends at Sequel of Alabama at Owens Cross Roads program has traditionally been a period of academic gain, which is significant to your child's overall growth and success. The objectives for our students are to attend school, demonstrate appropriate behavior and achieve academically, so that they might return with competency and confidence to compete within the public or private school arena, college, military service, or job market.

Students participate in a school program recognized by the state of Alabama as a state supported school and is AdvancED accredited. All teachers hold Alabama teaching certifications. A traditional school year academic program is based on the Alabama College & Career Ready Standards (CCRS) which is a combination of internationally benchmarked Common Core State Standards along with selected Alabama Standards. It is one of the most comprehensive sets of standards in the nation, and ensures students are prepared for a successful future in the ever-expanding global environment. This educational opportunity is provided for each resident as a part of their individualized treatment plan. Summer school is conducted for remediation, enrichment, and credit recovery as needed by students for courses in which the student may have missed or failed in previous school placements.

Providing career/vocational education assists us in preparing students to compete more competently & confidently upon completion of the program. This curriculum prepares residents for life outside of secured residential settings by teaching specific skills and building self-esteem through a variety of activities.

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: 0
List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 43
List of Standards Met:

Prevention and Planning

- 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.312 Contracting with other entities for the confinement of residents
- 115.313 Supervision and monitoring
- 115.315 Limits to cross-gender viewing and searches
- 115.316 Residents with disabilities and inmates who are limited English proficient
- 115.317 Hiring and promotion decisions
- 115.318 Upgrades to facilities and technologies

Responsive Planning

- 115.321 Evidence protocol and forensic medical examination
- 115.322 Policies to ensure referrals of allegations for investigation

Training and Education

- 115.331 Employee Training
- 115.333 Resident education
- 115.332 Volunteer and contractor training
- 115.334 Specialized training: Investigations
- 115.335 Specialized training: Medical and mental health care

Screening and Risk of Sexual Victimization and Abusiveness

- 115.341 Obtaining information from residents
- 115.342 Placement of residents in housing, bed, program, education, and work assignments

Reporting

- 115.351 Resident reporting
- 115.352 Exhaustion of administrative remedies
- 115.353 Resident access to outside confidential support service
- 115.354 Third-party reporting

Official Response Following a Resident Report

- 115.361 Staff and agency reporting duties
- 115.362 Agency protection duties
- 115.363 Reporting to other confinement facilities

- 115.364 Staff first responder duties
- 115.365 Coordinated response
- 115.366 Preservation of ability to protect residents from contact with abusers
- 115.367 Agency protection against retaliation
- 115.368 Post-allegation protective custody

Investigation

- 115.371 Criminal and administrative agency investigations
- 115.372 Evidentiary standard for administrative investigations
- 115.373 Reporting to residents

Discipline

- 115.376 Disciplinary sanctions for staff
- 115.377 Corrective action for contractors and volunteers
- 115.378 Disciplinary sanctions for residents

Medical and Mental Care

- 115.381 Medical and mental health screenings: history of sexual abuse
- 115.382 Access to emergency medical and mental health services
- 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- 115.386 Sexual abuse incident reviews
- 115.387 Data collection
- 115.388 Data review for corrective action
- 115.389 Data storage, publication, and destruction

Audits and Corrective Action

- 115.401 Frequency and scope of audits
- 115.403 Audit content and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

Summary of Corrective Action (if any):

115.317- While the Sequel TSI Owens crossroads program had policy that governed the practice of criminal background checks the initial policy did not have explicit language that addressed several components of the hiring and promotion decisions; such as completing a pre-employment questionnaire, PREA related incidents that would prohibit hiring decision, disciplinary actions for an employee who fails to report, five year criminal background checks, and reporting sexual allegations involving former employees. The practice of the standard was in place and effectively being implemented.

The policy was updated to reflect the necessary components of the standard. There are no further actions needed for the standard.

115.321- During the on-site audit phase, the Owens Crossroads program did not have documentation that staff received specialized training on PREA Investigations. While the facility does not conduct any investigations, it was recommended to ensure the administrative, handling of evidence and uniform

protocols are properly handled. The facility director completed the training and provided documentation of completion.

No further action is warranted.

115.333-The initial policy did not have explicit language regarding the time frame in which residents receive comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents. The agency policy was updated to reflect the components of the standard.

No further action is warranted.

115.371- While the practice of the standard was being implemented, the Sequel TSI-OCR policy did not have explicit language around retention of reports, continuing an investigation if the allegations are recanted, and continuing an allegation if the alleged abuser or victim has departed from the program.

No further action is warranted.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
   b. Organizational Chart
   c. Pre-Audit Questionnaire (PAQ)
   d. Alabama DYS Contract
2. Interviews:
   a. PREA coordinator
   b. PREA compliance manager
   c. Agency contract administrator
   d. Sequel TSI-OCR program director

Findings (By Provision):

115.311 (a). The Sequel TSI-OCR is governed by Sequel Youth and Family Services, serving as a contracted facility for the Alabama Division of Youth Services (DYS). The Sequel TSI-OCR program has policies and standards promulgated by DYS Policy that governs its program. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, 1, states that:

> The Prison Rape Elimination Act of 2003 establishes a zero tolerance standard for the incidence of inmate sexual assault and rape; makes prevention of inmate sexual assault and sexual harassment a top priority in each corrections facility; develops/implements national standards for the detection, prevention, and punishment of prison rape; increases available data and information of the incidence of incarcerated juvenile sexual assault and sexual harassment; standardizes the definitions used for data collection; increases accountability of corrections officials who fail to detect, prevent, reduce and punish prison rape; and protects the Eighth Amendment rights of incarcerated juveniles.

According to the PAQ, the Sequel TIS Owens Cross Roads Program, reported that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contact. The facility reported having a policy outlining how it will implement the agencies approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agencies policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The auditor interviewed the DYS contract monitor. The contract monitor confirmed the above standards and requirements of the Sequel TSI-OCR program. A copy of the contract between DYS and Sequel TSI of Alabama, LLC was provided further confirming the contractual relationship between the entities.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility follows the provisions of this standard. No corrective action is warranted.

115.311 (b). The Sequel TSI-OCR program employs an upper level, agency wide PREA Coordinator, Tanesha Fane. According to the Sequel Youth and Family Services organizational chart, the agency

PREA coordinator reports to the senior director of Compliance. The Sequel TSI Owens Cross Roads Organizational Chart, provides information on the PREA compliance manager. The Sequel TSI-OCR program is an umbrella program under Sequel Youth & Family Services. The PREA coordinator supervises 19 PREA compliance managers and reported that she works very closely with the corporate team on getting information relayed and vice versa. Per the PREA coordinator, "We have a great internal reporting system to which if anything PREA comes up or if they have questions they can report directly to that system. They all have access to reach me at any time through phone or email." The program has an assigned PREA compliance manager. The PREA compliance manager is a full-time position, responsible for the: development, implementation, and oversight of PREA standards at the assigned facility.

The interviewed PREA coordinator and PREA compliance manager reported that they have adequate time to complete their duties. The PCM stated that she manages the duties by designating a time frame each week to maintain and update policies, information and tasks as needed. It was also reported that the coordinated efforts to comply with PREA standards include but are not limited to, assessing any identified needs and revamping and adjusting procedures to fit the needs accordingly. It should be noted that during the post audit phase, it was reported that the PREA compliance manager went to a part time role for the program.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.311 (c). According to the PAQ, the Sequel TSI-OCR program has a designated PREA compliance manager. The Sequel TSI-OCR program provided an organizational chart outlining the setup of the organization.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
   a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
   b. Pre-Audit Questionnaire (PAQ)
   c. Alabama DYS Contract
2. Interviews:
   a. Agency contract administrator
   b. DYS contract monitor

Findings (By Provision):

115.312 (a). The Sequel TSI-OCR program is a contracted facility by the Alabama Department of Youth Services. The Sequel TSI-OCR program does not have the authority to contract with other entities for the confinement of residents. The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into zero contracts since the last PREA audit; conducted 5/31/2017.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.312 (b). The Sequel TSI-OCR program is a contracted entity of the Alabama Division of Youth Services DYS). The auditor interviewed the DYS contractor monitor and it was reported that DYS monitors the program, to include the requirements of the PREA standards. The monitoring practices include but are not limited to review of incident reports, follow up with the Sequel TSI-OCR PREA compliance manager on incident findings, review follow up services (i.e., Follow up with therapist), and

review allegations of sexual abuse or sexual harassment. Site visits occur two times per month. During those site visits, DYS will review for clinical care documentation, observations, direct conversation with youth, and clinical file review.

The auditor interviewed the DYS contract administrator. The DYS contract administrator reported they are responsible for monitoring the Sequel TSI-OCR program. In the event of a PREA allegation, the Sequel TSI-OCR program will send the incident reports and the DYS contract administrator will follow up with the PREA compliance manager on the findings and will ensure that the resident has had follow up with the therapist. The DYS contract administrator will conduct site visits two times per month; reviewing clinical care, cleanliness and repairs. Observations are made by talking to youth who have made any allegations and they will check files for clinical review and case planning.

The interviewed program contract administrator stated that the program follows the same guidelines as employees for background checks, training, and policies and procedures.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
   c. Pre-Audit Questionnaire (PAQ)
   a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
   Program Fidelity Checks/Supervision Monitoring Log/Unannounced Rounds - 18
   b. Memo Deviations of Staffing Plan (dated 8/21/2020)
   c. Sequel Substance Abuse Girls Program Variable Staffing Plan (dated 9/30/2019)
2. Interviews:
   a. Sequel TSI-OCR program director
   b. PREA compliance manager
   c. Intermediate or higher-level staff - 3

Findings (By Provision):

115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 16.3. Additionally, the average daily number of residents in which the staffing plan was predicted is sixteen. The Sequel TSI-OCR program provided policies, annual staffing plans, memos, annual reports, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that the Sequel TSI-OCR program "shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect juveniles against sexual assault. Staff /juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented." It further states that any deviations and exigent circumstances will be documented. The policy governs that the annual plan must be reviewed annually. Upon review of the Annual Staffing Plan dated 9/30/2019, the Sequel TSI-OCR program takes into consideration the following:

- Generally accepted juvenile detention and correctional/secure residential practices.
- Applicable state or local laws, regulations, or standards.
- Judicial findings of inadequacy.
- Federal findings of inadequacy.
- Composition of youth population.
- Shift programming.

- Prevalence of substantiated incidents of sexual abuse.
- Facility blind spots or isolation.
- Composition of the resident population.
- Number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- The need for video monitoring.

According to interviews with the program director and the PREA compliance manager, the facility regularly develops a staffing plan and said plan is documented. The plan assessing the following:

a. Student staff ratio requirements
b. Video monitoring
c. Review of blind spots
d. Conduct ongoing training

The director further reiterated that the above-mentioned areas are considered when assessing adequate staffing plans. The director also reported that she checks for compliance with the staffing plans by reviewing the staffing schedule, daily shift reports, unannounced visits and camera monitoring. Three intermediate or higher-level staff members were interviewed, and reported unannounced rounds are conducted and documented. The unannounced rounds are conducted at random times during various shifts. Staff have also been informed that they are not permitted to alert other staff of random visits.

The Sequel TSI-OCR program currently has 48 positions assigned to its manning table, 18 administrative staff and 30 direct care workers.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (b). According to the PAQ the Sequel TSI-OCR program has not deviated from the staffing plan. The Sequel TSI-OCR program operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the Sequel TSI-OCR program is 1:8 waking hours and 1:12 sleeping hours.

The Sequel TSI-OCR program provided documentation of the staffing shift/roster. The staffing plan covers three shifts for the weekday and weekends: along with the supervisor on duty. There were five months of staffing outlines reviewed. The interviewed director reported that they have not had any circumstances where the facility has been unable to meet the requirements of the staffing plan. All staff are trained to serve in ratio and administrative staff are available to serve in coverage if needed. For added measures additional staff from other facilities within the agency are available to assist the program with staffing ratios.

A memo, dated 8/21/2020, was provided further reiterating that there were no deviations to the staffing plan during the audit period.

115.313 (c). According to the PAQ, the Sequel TSI-OCR program met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:12 during resident sleeping hours. As reported, the program has not deviated from the staff ratios of 1:8 during waking hours and 1:12 during resident sleeping hours. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, further states that the program “shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect juveniles against sexual assault.” The policy further states that the ratios are a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (d). According the Sequel TSI-OCR Program Staffing Plan (dated 9/30/2019), there have been no changes to the staffing numbers within the last 12 months. As reported in the PAQ, at least once a year the program, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns
- The deployment of monitoring technology; or
- The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

As indicated on the staffing plan, the camera freezes and skips at certain points in recording. It was recommended that the system is updated to prevent such problems in future recordings. The program is in contract to enhance current camera system. The interviewed PREA coordinator stated that she is consulted regarding any assessments of and or adjustments to staffing plans. These consultations always take place if after review of the facilities aggregated data has been retained rather monthly or annually for any revisions. Per the PREA coordinator, "When they send in their annual reports every June, I will ask to review their staffing plan if it hasn't been reviewed within that year. Sometimes the staffing plans will get adjusted during a PREA incident review unless the incident was unfounded."

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (e). As reported in the PAQ, the Sequel TSI-OCR program has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The auditor reviewed 14 months of unnanounced rounds (*Program Fidelity Checks*); confirming the program practice of conducting documented unnanounced rounds. The three intermediate or higher-level staff interviewed reported that unannounced rounds are conducted by randomly walking through the facility and camera review. The rounds randomly occur monthly. There is a form utilized to document the results of the unannounced rounds.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action
Corrective Action is not warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Pre-Audit Questionnaire (PAQ)
    c. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 3000.8 Control of Contraband
    d. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 3003.46 Staff Conduct with DYS Students of the Opposite Sex
    e. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 9.10 Searches
    f. Memo Limits to Cross-gender Viewing and Searches (dated 8/21/2020)
    g. Staff Training Records/New Hire/Refresher - 42
2. Interviews:
    a. Random sample of staff -13
    b. Random sample of residents - 3

Findings (By Provision):

115.315 (a). As reported in the PAQ, the Sequel TSI-OCR program does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 3000.8 Control of Contraband, states that:

- Staff may conduct a "hands on" search of the student routinely on admission, when the student returns from pass, and when there is substantial reason to believe that the student possesses dangerous articles or substances on their body.
- An order shall be obtained from the executive director prior to the search. Orders do not have to be obtained on routine admissions, return from pass or elopement.
- At least two staff members shall be present, both of whom shall be the same sex as the student; unless, the situation is of an emergency nature and two staff members of the same sex are not available. Then the search can be conducted with one of the staff members being the same sex as the student.

In extreme situations, a body cavity search may be performed by a physician in private if it is determined that there is probable cause to do so. Such a search shall only be conducted by a physician and shall be performed in the presence of a nursing staff member. Either the physician or the nursing staff shall be of the same sex as the student. Prior to conducting any such body cavity search, the student's legal guardians shall be contacted and authorization for such a search shall be obtained. In the event the student's legal guardian cannot be contacted for such authorization then a body cavity search shall be conducted only if the physician believes an emergency situation exists such that there is an immediate danger and threat to the student or other students or employees if such a search were to be delayed. As is evident by the above, such searches are considered to be quite extrusive and invasive and should be conducted only under the most special of circumstances.

115.315 (b). The Sequel TSI-OCR program reported in the PAQ that it does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. It was also reported that there were zero pat-down searches of female residents that were conducted by male staff; and zero pat down searches of female residents conducted by male staff that did not involve exigent circumstances. Policy 9.10 Searches*,* further reiterates that,

> Student searches will be conducted by the same sex as person being searched. Personnel shall not conduct cross-gender pat-down, strip, or body cavity searches except in exigent circumstances. Staff shall document and justify all cross-gender searches by completing DYS Form 115.315 (attached to this policy) and submit the form to the PREA Monitor for the facility (pg. 2).

A memo dated 8/21/2020 further discussed that there was no cross-gender searches conducted during the audit period.

Sequel TSI-OCR trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Thirteen staff, representing staff from all three shifts, were interviewed. One hundred percent of staff interviewed indicated that cross-gender pat searches were not permissible. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches of transgender and intersex residents; however, most of the staff stated any searches would be conducted by female staff unless there is a threat to safety and security and no female staff is available.

Three residents were interviewed. One hundred percent of the residents reported that they have never been or had staff of the opposite gender conduct pat-down searches nor been naked in full view of male staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (c). The program indicated in their response to the PAQ that policy request that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The program reported in the PAQ that there was no cross-gender strip or cross-gender visual body cavity searches conducted at the facility in the last 12 months. If there was a need to conduct one there is a procedure in place; and all instances would be documented. Policy 9.10 Searches, states that, "Staff shall document and justify all cross-gender searches by completing DYS Form 115.315 (attached to this policy) and submit the form to the PREA Monitor for the facility" *(pg.2).*

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (d). As indicated in the PAQ, the program has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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, along with policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit.

Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 3003.46 Staff Conduct with DYS Students of the Opposite Sex, states that, "Staff shall never supervise opposite sex shower and bathroom activities and should not be in shower or bath areas unless another staff member calls for assistance" (pg.1). The Sequel TSI-OCR program does utilize the approach of opposite gender staff making an announcement upon entering the unit. One hundred percent of staff interviewed stated male direct care staff are never allowed to perform shower, dress, or bathroom duties of youth. All of the interviewed residents stated that staff announce their presence when entering the housing area. All three of the interviewed residents stated that they are never naked or in full view of male staff when using the toilet, showering, or changing clothes.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (e.) Per the PAQ, no searches or physical examination of a transgender or intersex resident for the sole purposes of determining the resident's genital status occurred at the Sequel TSI-OCR program in the past 12 months. Policy 9.10 Searches, states that, "Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the juvenile's genital status" (pg. 3).

One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches; however, they are not allowed to conduct searches or physical examination of a transgender or intersex offender for the sole purposes of determining the offender's genital status occurred at Sequel TSI-OCR in the past 12 months.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (f). As reported in the PAQ, the Sequel TSI-OCR program trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The program provided the PowerPoint presentation of the agency's cross gender and transgender pat search training.

A review of a sample of 42 staff training records further supported the Sequel TSI-OCR program meeting the requirements of the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
Corrective action is not warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
   a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Assault and Abuse
   b. Pre-Audit Questionnaire (PAQ)
   c. Memo Juveniles with disabilities and juveniles who are limited English proficient
   d. PREA Posters - 2

2. Interviews:
   a. Sequel TSI-OCR program director
   b. Random sample of staff - 13

Findings (By Provision):

115.316 (a). As reported in the PAQ, the Sequel TSI-OCR program, has established procedures to provide disabled residents 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. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Assault and Abuse, states that, "Each facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The policy further indicates that residents who are deaf or hard of hearing, will be provided access to interpreters.

The interviewed agency head reported that each facility will make available resident translators. Also, materials of different of languages will be made available if applicable for residents that need to review student orientation trainings, videos, PREA grievance forms, flyers, and wall posters.

The program provided a memo dated 6/3/2020 and 9/16/2019, which indicated that they have not had any residents that had disabilities or limited English proficient and needed an interpreter. It further stated that the bilingual interpreter services would be made available through the school district. It should be noted that there were no youth at the Sequel TSI-OCR program during the time of the audit that were identified as disabled and/or limited English proficient.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (b). As reported in the PAQ, the Sequel TSI-OCR program has established procedures to provide residents with limited English proficiency 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. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Assault and Abuse, states that the program "Shall take reasonable steps to ensure meaningful access to all aspects of the DYS efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

It should be noted that there were no youth at the Sequel TSI-OCR program during the time of the audit that were identified as disabled and/or limited English proficient.

115.316 (c). As reported in the PAQ, the Sequel TSI-OCR program prohibits the use of resident interpreters, readers, or other types of resident assistance. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Assault and Abuse further states that, "facilities shall not rely 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-responder duties, or the investigation of the resident's allegations."

The Sequel TSI-OCR program reported in the PAQ that there were no instances in the last 12 months where resident interpreters, readers, or other types of resident assistance was needed. One hundred percent of the random staff interviews reported that resident interpreters are not allowed; nor have resident interpreters, resident readers, or other type of resident assistants used in retaliation to allegations of sexual abuse or sexual harassment. Most staff indicated that if an interpreter is necessary, one would be provided from an outside entity, such as the advocacy center.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Criminal Records Checks

c. Alabama DYS Pre-Employment Questionnaire
d. Pre-Employment Questionnaire - 10
e. Background Checks - 10
f. Five-year background checks - 6
g. Volunteer PREA Training Logs/Personnel Policy Statement - 2

2. Interviews:
    a. HR administrator

Findings (By Provision):

115.317 (a). As reported in the PAQ, the Sequel TSI-OCR program policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. 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, of if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

All of the above areas are asked in the pre-employment questionnaire. In which the employee must acknowledge and sign. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Criminal Records Checks, further reiterated said practices. A review of 10 staff, two volunteer/contract personnel files; demonstrated that the Sequel TSI-OCR program is compliant with this policy.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (b). As reported in the PAQ, the Sequel TSI-OCR program, has a policy that requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. The Sequel TSI-COR, Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (pg. 7) states that, “Sequel program policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
b. 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, of if the victim did not consent or was unable to consent or refuse; or
c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.
    a. Sequel shall consider any incidents of sexual misconduct, as defined by PREA-, in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

When interviewing the HR administrator, it was further reiterated that the Sequel TSI-OCR program, has incorporated the above practices in its hiring of staff at the Sequel TSI-OCR program.

The final analysis of the evidence indicates the facility does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets standard.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (c). The program indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the program policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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.

In review of Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Criminal Records Checks, states that, "upon hire, employees will complete fingerprinting with Madison County DHR office and will also fill out a *Child Abuse and Neglect Form* (CA/N) to be submitted to the respective authorities for additional review. Employees not cleared during the criminal history check and/or Child Abuse and Neglect Registry checks will be terminated."

An interview with the Human Resources administrator, indicated that when conducting criminal record background checks consideration is made pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions. Such actions are also taken for contractors. All employers and contractors at Sequel TSI-OCR receive a background and criminal record check.

According to the PAQ, in the last 12 months, the program has hired six staff who may have contact with residents who have had criminal background checks completed. It should be noted that additional staff were hired after the PAQ was completed, and their file was reviewed during the post-audit on-site phase. A review of a sample six personnel files of staff who were hired in the last 12 months, documented that the Sequel TSI-OCR program conducted the above referenced background checks. In total the auditor reviewed 44 files (staff/volunteers/contractors) where background and re-background checks were completed.

The final analysis of the evidence indicates the program requires that before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. The facility meets this portion of the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (d). The program indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

The contractors, volunteers, and interns are also required to review and sign a Mandatory Pre-Service PREA Employment Questionnaire document addressing any prior sexual abuse in a residential setting. According to the PAQ, in the past 12 months there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with residents.

As previously indicated, the interviewed administrative staff reported that the program performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, and all employees who are being considered for promotions.

115.317 (e). The program indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the program either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

The Sequel TSI-OCR program, Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (page. 8), "Sequel will conduct criminal background records checks at least every five years on current employees and contractors who may have contact with Residents." The interview with the human resource administrator further confirmed that the Sequel TSI-OCR program conducts a state child abuse registry check before hiring new employees or contractors. Rechecks are done at least every five years and it is expected that an employee report within 24 hours if they are involved in any criminal activity to include traffic violations.

115. 317 (f). The Sequel TSI-OCR program has all newly hired and promoted employees complete a Pre-Employee Questionnaire form. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (pages. 8), states that, employees who may have contact with Sequel residents will be required to respond to questions regarding any previous sexual misconduct:

a. Such questions will be asked in writing along with the child abuse registry check process.
b. All existing employees will be required to respond to the questions upon request by program administration and the PREA coordinator.
c. Questions will be posed again when staff are considered for promotion.
d. UA HR policy and procedure dictates the parameters of the staff evaluation process; as a result, if deemed necessary and to the extent possible, questions may be asked periodically during annual evaluations.

When interviewing the human resources staff during the on-site audit, it was reported that the background checks are conducted on employees and contractors in accordance with the PREA standards. They conduct, State and Federal checks, along with the Alabama Child Abuse and Neglect checks. It was further confirmed that all applicants and employees who have contact with residents are asked about previous misconduct in written applications for hiring or promotions.

115.317 (g). According the to the PAQ, the agencies policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination. The agency's Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (pg. 9); further reiterates the employees who fail to report any sexual misconduct, or provide false information, shall be grounds for termination.

The final analysis of the evidence indicates the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard. Based upon the evidence and analysis, the auditor finds the facility meets standard 115.317 (g).

115.317 (h). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (page. 9), states that the Sequel shall 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.

Interviewed HR administrator confirmed that the program will provide information on employment and can provide detailed information on a former employee (s), substantiated allegation of sexual abuse or sexual harassment, upon receiving a request from an institutional employer.

Corrective Action:
While the Sequel TSI Owens crossroads program had policy that governed the practice of criminal background checks the initial policy did not have explicit language that addressed several components of the hiring and promotion decisions; such as completing a pre-employment questionnaire, PREA related incidents that would prohibit hiring decision, disciplinary actions for an employee who fails to report, five year criminal background checks, and reporting sexual allegations involving former employees.

The policy was updated to reflect the necessary components of the standard. There are no further actions needed for the standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
   a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
   b. Vision Secure Technologies (Scope of Work)
   c. Upgrades to facilities and technologies Memo (dated 9/30/3019 and 8/21/2020)
2. Interviews:
   a. Agency head
   b. Sequel TSI-OCR program director

Findings (By Provision):

115.318 (a). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the program has not made substantial expansions or modifications to the existing facility since the last PREA audit. A memo provided by the program director indicated that "during this audit period, there will be enhancements made to the video surveillance system to provide a more detailed viewing schematic."

The interviewed agency head reported that each facility will always consider the effects that it will have on the resident. Some of the considerations will be the structures of the housing units and each building physical barriers and the effects it will bring to staff Distance, Eyesight, Awareness (DEA). Another consideration will be if residents will have access to the new structures and the assurance that all PREA protocols can be up held and followed. The interviewed program director reported that there has not been any facility updates and technology enhancements are used to assist with monitoring to aid in a

safe and secure facility for youth and staff. However, it should be noted that during the tour, it was observed that the facility was having construction and additional housing units built. It was also reported that they have a contract to enhance current video monitoring system.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant and exceeds the requirements of the provision of this standard. No corrective action is warranted.

115.318 (b). The program reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

The interviewed agency head stated that new or existing technology has been helping facilities respond properly to incidents to help restructure additional or new procedures from any oversight of staff supervision or actions with resident. Often because of having monitoring technology, facilities have been able to identify specific incidents that could possibly lead into any suspected resident. Often because of having monitoring technology, facilities have been able to identify specific incidents that could possibly lead into any suspected resident abuse/assault/harassment. Having monitoring technology will also assist with any preponderance of evidence collected during an administrative/criminal incident review of any reported allegation. The program director reported that the program is in progress of updating the camera system to include panoramic viewing as well as allow remote access through laptop and cellphone so that the executive director and other corporate level staff can monitor the site at any time. This enhancement will ensure constant monitoring of any possible risks of sexual abuse or retaliatory behavior. A copy of the scope of work to enhance camera systems was provided.

As previously stated, the program director also reported that there were no significant expansions or modifications to the program since August 20, 2012 or since the last PREA audit.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  ☒ Yes ☐ No ☐ NA

115.321 (b)

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

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Policy 1.29 PREA Investigations
    c. Pre-Audit Questionnaire
    d. Specialized Training: Medical and Mental Healthcare Memo (dated 8/27/2020)

e. NIC PREA: Investigating Sexual Abuse in Confinement Setting and Certificate
f. Crisis Services of Northern Alabama (CSNA)
g.

2. Interviews:
   a. Random sample of staff - 13
   b. Crisis Services North Alabama SAFE/SANE Staff - 1
   c. PREA compliance manager
   d. Qualified agency victim advocate

Findings (By Provision):

115.321 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/program is not responsible for conducting administrative sexual abuse investigations. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, identifies the responsible parties for conducting allegations of sexual abuse, sexual harassment, and sexual conduct. The policy further states that, "Allegations of sexual abuse shall be investigated pursuant to Sequel Policy and Procedure 1.29 (SIU)." Notification of allegations to the juvenile's parents/guardians, attorney, or other legal representative shall be given pursuant to the instructions of the Special Investigation Unit (SIU). The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU determines the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative shall be made by the administrator of Institutional Services or his/her designee or by private provider program director or designee.

It should be noted that during the time of the on-site audit, no one in the facility was trained in conducting administrative or criminal investigations. While the facility does not conduct any investigations, it is responsible for initiating the investigation process that may contain uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. During the post audit phase, the director of the facility completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting to ensure someone in the facility has the necessary skills to initiate an investigation.

During the on-site audit, 13 random staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse?" Eleven of the interviewed staff were aware of the agency's protocols. The staff that were aware of the protocols, were able to describe the process and steps required to protect physical evidence; which included take immediate action, stay with the inmate, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the direct care staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition. The same staff were asked, "Do you know who is responsible for conducting sexual abuse investigations?" Most of the staff could clearly articulate the internal investigator that conducted PREA interviews by names.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321(b). The program indicated in their responses to the Pre-Audit Questionnaire that the protocol is developmentally appropriate for youth based on the most recent edition of the DOJ'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.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (c). The program indicated in their responses to the Pre-Audit Questionnaire that the program offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The program responded that residents are that forensic medical examinations are offered without financial cost to the victim. The program also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner.

Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicates that, "Victims of sexual assault shall be referred under appropriate security provisions to a rape crisis center/hospital for treatment and gathering of evidence." The policy further states that the facility shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost; and "If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs."

The Sequel TSI-OCR program provided documentation of SANE and Medical Agreements with Crisis Services of Northern Alabama (CSNA) The agreements cover the responsibility of said parties, access to medical and victim related services. The interviewed SANE nurse at Crisis Services of North Alabama confirmed that the residents would typically be taken to the emergency room first however they could conduct the forensic medical exam. The CSNA would also provide advocacy and crisis intervention services. The site also serves as a 24-hour crisis line. While a resident could make an anonymous report, if there are no identifying information it would make it difficult to provide assistance. The interviewed staff could not recall the last time a youth from the program received services from CSNA.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (d). The program indicated in their responses to the Pre-Audit Questionnaire that Sequel TSI-OCR attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program makes available to provide these services a qualified staff member from a community-based organization, or a qualified program staff member. The program provided documented efforts to secure services from rape crisis centers. Additional agreements were provided that outlined collaborative services with the Crisis Services of Northern Alabama (CSNA).

The interviewed PREA compliance manager reported that residents are given access to an advocate who will meet with them weekly in person, via telephone or virtually. The meetings are done more frequently if needed. As previously discussed, the advocates are contracted through the Crisis Services of Northern Alabama.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (e). The program indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic

medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicates that the program will have available to the victim a victim advocate. If further stated that the program will make available to the victim, victim advocacy services provided by a trained Qualified Facility Staff Member or a community-based partner. As of the time frame of the audit, there was not a trained on-site staff member to serve as a victim advocate.

Interviews with the PREA coordinator further confirmed that the Sequel TSI-OCR program has a contract with the Children's Hospital of Alabama to ensure residents are provided access to an organization that can provide victim advocacy services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (f). As indicated in the PAQ the Sequel TSI-OCR program is not responsible for conducting administrative or criminal investigations are conducted by the local Department of Human Resources and outside law enforcement. As recommended by the auditor, the facility director completed the NIC PREA: Investigating Sexual Abuse in Confinement Setting training to ensure the initial protocols are met for the investigation. A copy of the training curriculum and certification was provided to confirm completion of training.

115.321 (g). The auditor is not required to audit this section.

115.321 (h). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicated that the program will have available to the victim a victim advocate. If further stated that the program will make available to the victim, victim advocacy services provided by a trained qualified facility staff member or a community-based provider. The program utilizes CSNA to provided forensic and advocacy-based services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
During the on-site audit phase, the Sequel TSI Owens Crossroads program did not have documentation that staff received specialized training on PREA Investigations. While the facility does not conduct any investigations, it was recommended to ensure the administrative, handling of evidence and uniform protocols are properly handled. The facility director completed the training and provided documentation of completion.

No further action is warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures,
    c. Policy 1.29. PREA Investigations
2. Interviews:
    a. Agency head

Findings (By Provision):

115.322 (a). The Sequel TSI-OCR program reported in the PAQ that the program ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 1.29 PREA Investigations, provides a general explanation on the protocol for conducting administrative and criminal PREA related investigations. In the PAQ, the facility reported zero allegations of sexual abuse and sexual harassment were received during the past 12 months.

Based on the information provided, there are multiple ways in which an investigation can occur at Sequel TSI Owens Crossroads. One way is the oversight/contracted agency Alabama Department of Youth Services (DYS), can initiate an investigation. If an investigation is initiated by DYS, the Facility Operating Procedures, 1.29. PREA Investigations, indicates that a DYS Special Investigations unit will conduct the investigation. The program also utilizes the local Department of Human Resources (DHR) to conduct investigations at the facility. Based on interviews with the PREA compliance manager, most investigations are initiated by a referral to DHR. The DHR is the local child protective services agency. The auditor questioned whether DHR would conduct administrative investigations such as sexual harassment if sexual harassment did not meet the threshold of child abuse.

The interviewed agency head reported that once a report is received to any staff member/PCM of any knowledge, suspension, or information regarding an incident of sexual abuse/harassment. Residents are immediately placed on staff shadow and resident on resident restrictions with each other. Each facility qualified investigators will take victim/perpetrator/victim statements for additional incident details to obtain the basic information necessary so that a decision regarding further actions can be made; such as continual separation of victim/perpetrator, additional medical/mental health needs, and/or referral to criminal investigative entities. This information obtained will be documented. If the allegations involve any potential criminal behaviors it will be referred to the legal agency to conduct a criminal investigation. Prior to the administrative investigation the agency will notify the appropriate guardians, state entity, and any Sequel internal/external administrative staff. During this administrative investigation it will be ruled out

115.322 (b). As reported in the PAQ, the Sequel TSI-OCR program has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, 1.29 PREA Investigations, states that, “It is Sequel policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment.” It further states that the “campus administrator and equivalent personnel shall notify the Special Investigator of allegations of abuse and neglect, sexual misconduct, assaults, deaths, attempted suicides, and special circumstances.” The Sequel TSI-OCR program policy regarding the referral of

sexual abuse and sexual harassment allegations for criminal investigation is published on the agency website. This auditor visited the website in May of 2020 and confirmed the policy was both public and available.

115.322 (c). As reported, the Madison County Department of Human Resources is responsible for conducting PREA related investigations. Policy Facility Operating Procedures, 1.29 PREA Investigations, further states that DYS can also conduct administrative and criminal PREA related investigations. It is the policy and procedure of the Sequel TSI-OCR program that, upon a reasonable suspicion that a PREA-related crime has been committed, program will immediately contact Madison County DHS and the program will cooperate fully in the investigation, and will follow all recommended directives."

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Corrective Action:
No corrective action is recommended for this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

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

115.331 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 4.3.1 Facility Operating Procedures, Sexual Abuse/Assault/ Harassment Training
    c. PREA Signed Acknowledgement Forms - 40
    d. PREA Initial and Refresher Sign in Sheet Signatures - 41
2. Interviews:
    a. Random sample of staff - 13

Findings (By Provision):

115.331 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Sexual Abuse/Assault/Harassment Training, states that PREA training will be offered to all new employees "during the pre-service/orientation period, and refreshers offered every 2 years." The following components are included in the training:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

The policy further states that the training will also be tailored to the unique needs and attributes of the program. Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above. Trainings shall be documented through employee signature and maintained on DYS Form *Staff Confirmation of Receipt of PREA Training*.

Interviews with all random sample staff confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. The staff were able to describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to residents. All staff interviewed indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). Staff reported that they received PREA related training in pre-service and annual in-service.

Through random interviews with 13 staff and review of 40 training records, the auditor confirmed that Sequel TSI-OCR program staff had been trained on the above defined components.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (b). The program reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the Sequel TSI-OCR program. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection From Sexual Abuse and Assault, reiterates that "the training will be tailored to the unique needs and attributes of the adolescent female residents served by the Sequel TSI-OCR program."

A review of the appropriate documentation and review of relevant policies indicate that the program is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (c). The PAQ indicated that 42 of the Sequel TSI-OCR staff currently employed were trained or retrained on the PREA requirements. The facility also reported in the PAQ that staff receive annual or bi-annual refresher training depending on the youth dynamics and characteristics. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, the PREA training will be offered to all new employees "during the pre-service/orientation period, and refreshers offered every 2 years." Thirteen random staff interviews and confirmation from the PCM indicated that as part of the annual training, staff were provided with a PREA informational brochures to keep.

The Sequel TSI-OCR program provided evidence that refresher training is provided in between annual/bi-annual PREA trainings.

115.331 (d). The PAQ indicated that the program requires employees who may have contact with residents to document, via signature, that they understand the training they received. Staff signatures of acknowledgement were provided on the *Prison Rape Elimination Act of 2003 Staff Training Form*. Staff are also acknowledging that they have received the agency brochure. As part of the signature process the employees acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the PREA training.

During the pre, on-site, and post-site phase, documentation review of 40 employees indicated acknowledgement of training received. The training records reviewed, provided evidence that the facility consistently conducts annual training with staff, and there was adequate documentation of employee signatures verifying the employee's comprehension of the training.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 4.3.1 Facility Operating Procedures Sexual Abuse/Assault/Harassment Training
    c. Volunteer Training Records
    d. PREA Training Curriculum
    e. Personnel Policy Statement/Volunteer Acknowledgement Form - 3
2. Interviews:
    a. Volunteers or contractors who have contact with residents - 1

Findings (By Provision):

115.332 (a). According to the PAQ, all volunteers and contractors who have contact with resident have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Policy 4.3.1 Sexual Abuse/Assault/Harassment Training, states that:

1. Facilities shall ensure 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.
2. Facilities shall provide training to volunteers and contractors based on the services they provide and level of contact they have with juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
3. Facilities shall maintain documentation confirming that volunteers and contractors understand the training they have received using DYS Form 115.332 *Volunteer and Contractor Confirmation of Receipt of PREA Training.*

Upon review of the Sequel TSI-OCR program Volunteer Orientation Training (PPT) and the Sequel TSI-OCR Employee Training (PPT), volunteers and contractors are trained consistent with all direct care level staff. Additionally, volunteers/interns/contractors receive handouts, brochures and material consistent with staff training and informational material. Due to COVID-19 there were a limited amount of volunteers still engaged with the program. The Sequel TSI-OCR program provided samples of three volunteers who received training in the last 12 months. The auditor was able to conduct a telephone interview with one volunteer. The interviewed person reported that they have been volunteering since 2003. They reportedly first received PREA training in 2012 and has been receiving annual training since that date.

115.332 (b). It was reported in the PAQ that there were two volunteers or contractors who have contact with residents, who have been trained on the agencies policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Each volunteer, intern, or contractor is provided a copy of the same brochure staff receive related to sexual abuse detection, prevention, and reporting. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that the training will be provided based on the level of contact the volunteer/contractor has with the residents.

One interviewed volunteer supported receiving training in their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. The training consists of handouts and a PPT presentation. Some of the areas of discussion are terminology, gender

information, looking for signs or anything that looks unusual or how to report.

115.332 (c). As reported in the PAQ, the Sequel TSI-OCR program maintains documentation confirming that volunteers/contractors understand the training they have received. Policy 4.3.1 Sexual Abuse/Assault/Harassment Training requires that the Sequel TSI-OCR program maintain said documentation confirming that volunteers and contractors understand the training they receive.

Corrective Action:
No corrective action is recommended for this standard.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received 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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)

b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
c. DYS Pamphlet
d. Signed Residential Education Statements - 23

2. Interviews:
    a. Intake staff - 2
    b. Random sample of residents - 3
3. On-site observation
    a. PREA Posters

Findings (By Provision):

115.333 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that during the intake process, "Current juvenile detainees who have not received such orientation shall be educated within one year of the effective date (August 20, 2013) of the PREA standards and shall receive PREA education upon transfer to a different facility to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility and documented using DYS Form 115.333.1 *Juvenile Confirmation of Receipt of PREA.*" It further states that juveniles will receive the "What You Should Know about Sexual Abuse and Assault" pamphlet. The DYS pamphlet, the Sequel TSI-OCR program student handbook, along with posters placed throughout the program provided residents with age appropriate PREA education.

Per the PAQ, 50 residents were admitted during the past 12 months received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. One hundred percent of the residents were reported to have received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additional youth were placed at the program, since the PAQ was completed; therefore, the auditor reviewed 23 resident intake records. Based on the information provided, and the acknowledgement through signature, the residents received the required information regarding the programs zero tolerance policy on sexual abuse and sexual harassment.

Two interviewed intake staff reported that intake typically occurs on Tuesdays and Thursdays. During the intake process residents are given PREA pamphlets along with a student handbook. The intake staff reported that a PREA orientation PPT is reviewed with each resident of the program. Three residents were interviewed. All of the residents reported that they recalled receiving information upon intake and orientation regarding sexual abuse and harassment. Each resident stated PREA related information and the programs rules against sexual abuse and harassment is provided the first day at the facility. There were no intakes during the on-site observation, however the auditor did review the student handbook and observed that there were PREA related posters throughout the program.

A review of the appropriate documentation, interviews with residents and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (b). As reported in the PAQ, 50 residents that were admitted in the program during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that "all juveniles shall receive and complete resident PREA education within the first 24 hours of intake but not

more than three days after intake. Current juvenile detainees who have not received such orientation shall be educated within one year of the effective date (August 20, 2013) of the PREA standards and shall receive PREA education upon transfer to a different facility to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility and documented using DYS Form 115.333.1 Juvenile Confirmation of Receipt of PREA".

Two interviewed intake staff reported that a PREA orientation PPT, handbook and pamphlet is reviewed with each resident of the program within 24 hours of placement at the program. Three residents were interviewed, one hundred percent of them stated PREA related information and the programs rules against sexual abuse and harassment is provided the first day at the facility.

Intake records of 23 residents who entered the program during the audit cycle corroborated that residents received the sexual abuse and sexual harassment education at intake. A review of the appropriate documentation, interviews with appropriate staff and residents; and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the program. The program policy requires that residents receive the PREA education within 24 hours but not less than three day after intake. The program policy also states that, "Current residents who have not received such orientation shall be educated within one year of the effective date of the PREA standards. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation.

The residents at the Sequel TSI-OCR program received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The two interviewed intake staff reported that they ensure that current and transferred residents have been educated on the agency's zero tolerance policy on sexual abuse or sexual harassment by providing information via a PPT presentation, handouts and brochures. The interviewed intake staff reported that they ensure current residents, as well as those transferred from other facilities have been educated on the agency's zero tolerance policy on sexual abuse and sexual harassment by reviewing the PREA orientation documents with them; and ensuring they sign the acknowledgement form. The three interviewed residents reported receiving the PREA related education and information on the same day they were placed at the facility. Upon review the intake forms, the youth consistently receive training on the same day of placement at the program.

Documentation provided to the auditor during the post-audit visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms (a total of 23) were reviewed. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the program is compliant with the provisions of this provision. No corrective action is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "PREA information will be provided

in formats accessible to all Residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Residents who have limited reading skills."

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the programs in compliance with the provisions of this standard. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions. Documentation of resident's participation in the PREA comprehensive education sessions is available per policy and facility procedures in the resident files. Resident intake records were reviewed to assure fidelity with this documentation. One hundred percent of the files reviewed, indicated that resident education and acknowledgement was properly documented.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "in addition to providing such education, facility PREA Monitors shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats."

Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The residents housed at the program had ready access to PREA related material. During the site tour PREA related resident education was found to be readily available and accessible.
A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
The initial policy did not have explicit language regarding the time frame in which residents receive comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents. The agency policy was updated to reflect the components of the standard.

No further action is warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 4.3.1 Sexual Abuse/Assault/Harassment Training
    c. Policy 1.29 PREA Investigations
    d. NIC Curriculum PREA Investigations
    e. Specialized Trainings: Investigations Memo (Dated 8/27/2020)
2. Interviews:
    a. Program director - 1

Findings (By Provision):

115.334 (a). As indicated in the PAQ, agency policy requires that investigative staff are trained in conducting sexual abuse investigations in confinement settings. Policy 4.3.1 Sexual Abuse/Assault/Harassment Training, states that:

1. It is Sequel policy that in addition to the general training provided to all employees in paragraph (A) above, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include:
    a. Techniques for interviewing juvenile sexual abuse victims
    b. Proper use of Miranda and Garrity warnings;
    c. Sexual abuse evidence collection in confinement settings; and
    d. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

It should also be noted that the Sequel TSI-OCR program reported that it does not conduct any administrative or criminal investigations. Policy 1.29 *PREA Investigations* further states that, “it is Sequel policy that campus administrators and equivalent personnel shall notify the Madison County Department of Human Resources (DHR) of allegations of abuse and neglect, sexual misconduct, assaults, deaths, attempted suicides, and special circumstances.” The policy further states that DHR is responsible for investigating all allegations of sexual abuse/assault harassment following a unform evidence protocol that “maximizes the potential for obtaining usable physical evidence of criminal behavior, the DHR and SART (to include local law enforcement) ensures that the allegations are referred for investigation to law enforcement.” A memo provided by the director further stated that the program does not have a certified administrative special investigator. During the post audit phase, the program director completed the NIC course in order to become familiar with the investigation process.

As reported by the director in a memo, “in the event of this occurrence, Sequel OCR will file a Child/Abuse Neglect Report with Madison County DHR who will then launch an investigation if warranted. Madison County DHR would send out a forensic interviewer as well as contact the Crisis Services of North Alabama to set up a forensic examination.”

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (b). As previously stated, Sequel TSI-OCR program does not conduct administrative or criminal investigations; however, Policy 4.3.1 Sexual Abuse/Assault/Harassment Training provides an overview of what components are required for the PREA specialized investigations. It is Sequel policy that in addition to the general training provided to all employees in paragraph (A) above, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include:

- Techniques for interviewing juvenile 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 or prosecution referral.

During the post audit phase, Sequel TSI-OCR had a designated staff member complete the NIC trainings so that staff are aware of how to conduct an administrative investigation and assist in a criminal investigation. A copy of the certification of completion was provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (c). As indicated in the PAQ, the program does not conduct administrative or criminal investigations; therefore, do not have certified investigators. In the event of a PREA related allegation all components of the investigation are turned over to Madison County DHR. Madison County DHR would send out a forensic interviewer as well as contact the Crisis Services of North Alabama. Sequel OCR has an agreement with Crisis Services of North Alabama for forensic and advocacy related services.

During the post audit phase, Sequel TSI-OCR had a designated staff member complete the NIC trainings so that staff are aware of how to conduct an administrative investigation and assist in a criminal investigation. A copy of the certification of completion was provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 4.3.1 Sexual Abuse/Assault/Harassment Training
    c. Medical and Mental Health Training Records - 3
    d. Prison Rape Elimination Act of 2003, Mental Health Training - 3
    e. MOU with Crisis Services of North Alabama
2. Interviews:
    a. Medical and mental health staff - 2

Findings (By Provision):

115.335 (a). Policy 4.3.1 Sexual Abuse/Assault/Harassment Training states that the facility will ensure that all full-time, part-time, and contingent on-call medical and mental health care practitioners have been trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to resident victims of sexual abuse and sexual harassment; and
4. How, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment.

As reported in the PAQ, four medical and mental health staff who work regularly at the facility, have received the training required by policy. Training records were provided of three medical and mental health staff whom completed the Medical and Mental Health PREA training which covered the above-mentioned topics.

Two staff representing medical and mental health services was interviewed. All of the interviewed staff were able to provide evidence of training to support their knowledge and understanding to detect sings of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting documentation responsibilities.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (b). The Sequel TSI-OCR program does not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic medical examinations are contracted for provision at the Crisis Services of North Alabama (CSNA); therefore, the facility staff does not receive training in conducting forensic examinations.

As previously stated, the auditor reviewed the training records for 3 medical and mental health staff; confirming the scope of training received. The interviewed medical and mental health staff both reported that forensic examinations are conducted by an outside entity.

A review of the appropriate documentation and review of relevant polices indicate that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.335 (c). Policy 4.3.1 Sexual Abuse/Assault/Harassment Training, states that the "facilities shall maintain documentation that medical and mental health practitioners have received the required training either from the DYS or elsewhere using DYS Form 115.225 *Medical and Mental Health Care Staff Confirmation of Receipt of PREA Specialized Training."* The program maintains training records of the medical and mental health staff. A sample of medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard. As previously stated, the auditor reviewed the training records for 3 medical and mental health staff; confirming the scope of training received.

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization - 25
2. Interviews:
    a. Staff responsible for Risk Screening - 2
    b. Random sample of residents - 3
    c. PREA coordinator
    d. PREA compliance manager

Findings (By Provision):

115.341 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "All juveniles shall be screened within 24 hours of arrival at the facility utilizing DYS Form 115.341 *Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization*, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments shall be made accordingly. A case manager shall conduct this interview at intake." According to the PAQ, 100% of the 50 residents who entered the program within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing residents within 72 hours of their entry into the facility. A review of 25 resident files, confirmed

that residents are screened within the time frames of this standard. It should be noted that residents who entered the facility in between the PAQ and the on-site audit date records were included for review.

Two staff responsible for risk screening where interviewed. Both staff reported that upon admission from another facility a risk of sexual abuse victimization or sexual abusiveness is completed within 24 hours of arrival at the program. The information is ascertained by talking with the youth and assisting them with completing the screening form. They will ask the residents open and close ended questions. Reassessments occur throughout the residents stay at the program. It will occur in the beginning, middle and toward the end (discharge). There is no set timeframe for the reassessment if there is a need or change in programming circumstance.

Three interviewed residents that were placed at the program within the last 12 months recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. These questions were asked upon arrival and during the intake process. The residents reported that they have been asked similar questions again since their arrival at the facility.

A review of 25 records of residents who entered the program in the last 12 months provided evidence that the appropriate screenings occur within 72 hours. The screening tool is called the *Aggressive Behavior and Victimization Intake Screening Form*; and 100% of the intake screening forms where completed within one day; hence exceeding the standards.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (b). The PAQ indicated that the Sequel TSI-OCR program utilizes a risk assessment that is an objective screening instrument. In review of the appropriate documentation and relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (c). Two interviewed staff responsible for risks screening reported that initial screening takes the following into consideration:

- Age
- Sexual Orientation
- Whether they identify as lesbian, gay, bisexual, transgender, or intersex
- Disabilities
- Self-harm behaviors
- Suicide Risk
- Intellectuality
- Abuse
- Risk of Sexual Abuse or Abusiveness
- Physical and Sexual Abuse History

Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states at minimum the screening will assess:

a) Prior sexual victimization or abusiveness;
b) Any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse;

c) Current charges and offense history;
d) Age
e) Level of emotional and cognitive development;
f) Physical size and stature;
g) Mental illness or mental disabilities;
h) Intellectual or developmental disabilities;
i) Physical disabilities;
j) The juvenile's own perception of vulnerability; and
k) Any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles.
l) The information on DYS Form 115.341 *Intake Screening* shall be ascertained through conversations with the juvenile during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the juvenile's files.

A review of the screening instrument confirmed that the above-mentioned areas are taken into consideration when making programming and housing decisions.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (d). As previously stated, the intake screening tool used by the Sequel TSI-OCR program takes into consideration, Prior sexual victimization or abusiveness;

a) Any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse;
b) Current charges and offense history;
c) Age
d) Level of emotional and cognitive development;
e) Physical size and stature;
f) Mental illness or mental disabilities;
g) Intellectual or developmental disabilities;
h) Physical disabilities;
i) The juvenile's own perception of vulnerability; and
j) Any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles.
k) The information on DYS Form 115.341 *Intake Screening* shall be ascertained through conversations with the juvenile during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the juvenile's files.

The two interviewed staff responsible for risk screening, reported that they attain the information through conversation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, “Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments.”

The interviewed PREA coordinator stated that the agency has a very strict HIPPA policy outlining access to resident information. The designated PREA compliance manager reported that the program limits who has access to the resident’s risk screening. Only the PREA compliance manager, clinical director, and medical staff are allowed to access this information; and it is on a need to know basis.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Department of Youth Services Polices (2017), Sequel TSI-OCR Program Procedures
    d. Housing Unit Placement Form - 16
    e. Placement of Juveniles in Housing, Bed, Program, Education and Work Assignments Memo (dated 8/21/2020)
2. Interviews:
    a. PREA compliance manager
    b. PREA coordinator
    c. Staff responsible for Risk Screening - 1
    d. Program director
    e. Medical and mental health staff - 2
    f. Randomly selected staff - 13
3. Onsite Tour
    a. Review of housing units

Findings (By Provision):

115.342 (a). As stated in the PAQ, the Sequel TSI-OCR program, uses information from the risk screening to inform housing, bed, work, education, and program assignment with the goal of keeping the resident safe and free from sexual abuse. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that Sequel TSI-OCR will use information obtained from the intake screening and subsequently, to make to make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse. The general characteristics of the population informs the room assignment process and subsequent progression through the program."

The interviewed PREA compliance manager indicated that program would take information gathered in the monthly Executive and Performance Indicator meetings and use those findings to tailor a response and process to fit any needs of the program.

One staff was interviewed who is responsible for risk screening, and it was reported that the program uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining room assignments, treatment and service planning along with clinical follow up.

A review of 16 *Housing Unit Placement* forms, further confirmed the programs use of information obtained at intake to make consideration for placement. The housing form had all identified risks associated with the resident. It should be noted that during the on-site audit there were only three residents placed in the program. There is only one unit for juvenile justice involved youth; and all of the youth on the unit were housed in one room.

115.342 (b). As stated in the PAQ, the Sequel TSI-OCR program, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The program further reported that if placed in

isolation the resident will have access to legally required educational programming, special education services, and daily large-muscle exercise. The Sequel TSI-OCR program reported in the PAQ that zero residents at risk of sexual victimization were placed in isolation in the past 12 months.

Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged." The policy further states the steps that should be taken if isolation is utilized:

1. During any period of isolation, Residents will be allowed access to daily large-muscle exercise and required educational programming or special education services.
2. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The interviewed program director reported that the Sequel TSI-OCR program has not utilized isolation, as a result of a PREA allegation; however, when isolation is utilized it is typically done until safety and order is restored. The Sequel TSI-OCR program has a "safe room" to use if needed. During the on-site tour the room was observed and had appropriate windows and blinds as prescribed in the PREA standards. The interviewed mental health and medical staff reported that if a resident was placed on isolation the resident will be checked daily, usually two times per day, and they would administer medications and conduct temperature checks. The interviewed staff reported that they are unaware of any residents being placed on isolation for sexual abuse or sexual harassment.

It should be noted that there were no youth placed in isolation who were at risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will Sequel TSI-OCR consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive."

The interviewed PREA coordinator reported that it would be handled on a case-by case basis for each facility. "We will put special protocols into place for residents presenting special housing needs. Each facility will evaluate each situation to assure the residents safety within the facility." The interviewed PREA compliance manager reported that the program does not have special housing unit (s) for lesbian, gay, bisexual, transgender or intersex residents. There were no residents interviewed that identified as lesbian, gay, or bisexual. When review of the intake and housing assignments, there was no evidence that rooming decisions were made based on a resident identifying as gay, lesbian, bisexual, transgender, or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (d). The program policy will make assignment decisions for transgender or intersex residents on a case by case. Such decision must be made in consultation with "Sequel TSI-OCR administration as an identified placement option and will be influenced by factors such as health and safety, and whether the placement would present management or security problems." Policy 13.8.1 Sequel TSI Owens

Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "placement and programming assignments for transgender or intersex residents placed in the Sequel TSI-OCR program will be reassessed at least twice each year to review any threats to safety experienced by the juvenile using DYS Form 115.241.1 *PREA Risk Assessment*."

The interviewed PREA compliance manager stated that housing assignments are not made based on LGTBI identification. Specifications for housing or programming is addressed during intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Placement and programming assignments for transgender or intersex residents placed in the Sequel TSI-OCR program will be reassessed at least twice each year to review any threats to safety experienced by the Resident. Documentation of the review will be included in the treatment files of residents, and any concerns may involve consultation with DYS administration."

The interviewed staff responsible for risk screening stated that safety considerations are made for transgender or intersex residents would be taken into consideration; however, the program has not had a transgender or intersex resident.

115.342 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "A transgender or intersex Resident's own views with respect to her own safety shall be given serious consideration in determining safety issues." The interviewed PREA compliance manager reported that the Sequel TSI-OCR staff assesses whether placement would present management and security problems. The program placement decisions are made by Sequel TSI-OCR administration. Such considerations are taken throughout the residents stay at the program; however, they have not had a transgender or intersex resident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (g). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Transgender and intersex residents shall shower separately from other juveniles."

All youth at the Sequel TSI-OCR program shower separately, therefore said practices would also apply to transgender or intersex residents that are placed at the program. The interviewed staff (s) responsible for risk screening also reported that transgender and intersex residents are given the opportunity to shower separately, consistent with all youth placed at the program.

115.342 (h). As reported by the PREA compliance manager there were no residents placed in isolation that were at risk for sexual victimization.

115.342 (i). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Residents held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population."

All random interviewed staff could be responsible for supervising residents in isolation; however, none were aware of an instance of residents being placed in isolation that were at risk for sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
   a. Pre-Audit Questionnaire (PAQ)
   b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
   c. Student Handbook
   d. DYS Grievance Form
   e. How to Report Abuse brochure
   f. 5 Ways to reporting PREA poster
   g. Entrance Letter to Parent
   h. Staff PREA Training
2. Interviews:
   a. Random sample of staff - 12
   b. Random sample of residents - 8
   c. PREA compliance manager
   d. DYS advocate

Findings (By Provision):

115.351 (a). As reported in the PAQ, the Sequel TSI-OCR program has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, describes multiple ways in which a resident can report PREA; which includes, but is not limited to: verbally, grievance, anonymously, third-party reporting, and reporting to a private entity or ADAP.

In review of the student handbook, there are multiple ways provided for the residents to report sexual abuse or sexual harassment. Additionally, the program provided copies of the DYS and Sequel TSI-OCR grievance forms. The grievance process is one of many ways in which a resident could report sexual

abuse or sexual harassment. During the tour of the facility the auditor observed PREA posters throughout the program.

The interviewed random staff reported that the residents can privately report by using the hotline number, grievances, and notifying the PREA coordinator. Such reports can be made verbally or in writing. All of interviewed residents stated that they had multiple ways to report. Most of the residents reported that the hotline is the primary way to report, filing a grievance, making a written report, or telling a friend or family member.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (b). As reported in the PAQ, the Sequel TSI-OCR program provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, addresses multiple entities in which a resident may report. Such described entities include, but are not limited to: ADAP, JPO, DHR, parent and legal guardian, legal representative, and DYS sexual assault hotline. The policy further extends reporting standards to those detained for civil immigration purposes.

In review of the Student Handbook and the Student PREA Orientation PPT, residents are provided multiple ways in which they can make a report of sexual abuse and sexual harassment. Such ways to report also included to a public or private entity that is not a part of the agency. The DYS victim advocate was interviewed, and she further reiterated the resident's ability to file a grievance with DYS. The DYS advocate routinely visits the program and reviews grievances filed along with case records, and clinical services.

When interviewing the three residents at the program, it was reported that the program has provided residents with the ability to contact a private and public entity outside of Sequel. The residents reported that they can contact the DYS hotline and DYS grievances. As previously discussed, the residents were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

The PREA compliance manager further reiterated that residents are able to report allegations of sexual abuse or sexual harassment through the grievance process and the hotline number. Allegations can be reported anonymously, or they can notify the probation officer or family. It was also reported that residents are provided this information during intake and also PREA training with the PREA compliance manager. The grievances are responded to immediately or within 24 hours. It should be noted that the grievance process discussed is the Alabama DYS advocate service.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (c). The program reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, *Protection from Sexual Abuse and Assault*, further reiterates said requirements. Additionally, staff are required to document the reports immediately. The resident handbook describes multiple means for residents to report. Such means include verbally, in writing, anonymously, and from third parties. As previously discussed, the residents were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

The interviewed random sample of staff reported that the residents can privately report by using the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would document by the end of the shift. Most of the residents reported that the hotline is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (d). As reported in the PAQ, the program provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “staff are required to accept and document all reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, or from third parties using an incident report.”

The PREA compliance manager reported that the program provides residents with tools to help them make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by using the Sequel TSI-OCR and DYS grievance processes, reporting issues to staff, and utilizing the DYS hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (e). The program indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “residents, staff, or third parties may report allegations via the DYS Sexual Assault Hotline at 1-855-332-1594.” The hotline may be accessed twenty-four (24) hours a day.

It was also reported that staff are informed of these procedures through policy and training materials. In review of the staff PREA training, such information is provided to staff. The interviewed random staff reported that the residents can privately reporting by using the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing; reports would be documented immediately or within 24 hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Sequel Client Grievance Procedure
    d. Policy 1.28 Youth Grievance Process
    e. Student Handbook
2. Interviews:
    a. DYS advocate

Findings (By Provision):

115.352 (a). The agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. The Sequel Client Grievance Procedure provides guidance on how resident grievances are managed.

The auditor interviewed the DYS advocate. The DYS advocate reviews all DYS grievances for the Sequel TSI-OCR program. If the grievance is PREA related, it requires an immediate response. PREA grievances are considered priority grievances. The program has 48 hours to respond to priority

grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (b). As reported in the PAQ, the Sequel TSI-OCR program reported that the agency does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states that, "juveniles may use the DYS Form 1.28 *Youth Grievance Form*, available in each living unit and in the school, to report sexual abuse/harassment, or they may make a verbal report to their DYS Advocacy Representative."

Policy 1.28 Youth Grievances, states that:

- DYS Advocacy shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse.
- DYS Advocacy shall not require a juvenile to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict DYS's ability to defend against a lawsuit filed by a juvenile on the ground that the applicable statute of limitations has expired.

The Student Handbook provides further guidance to the residents on their ability to file grievances for allegations of sexual abuse and sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (c). Policy 1.28 Youth Grievances ensures that, "Students who allege sexual abuse or harassment may submit a grievance without submitting it to the staff member who is the subject of the complaint, and such grievance is not referred to the staff member who is the subject of the complaint nor discussed with another student who may be the subject of the complaint."

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (d). The program reported in the PAQ that there were zero instances in which grievances were filed for alleged sexual abuse. On 8/21/2020, the program director reported that there have not been any grievances filed related to PREA. Policy 1.28 Youth Grievances states that:

- DYS Advocacy shall issue a final 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 shall not include time consumed by juveniles in preparing any administrative appeal.
- The DYS Advocate Representative/Special Investigator often work cases together and may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The DYS Advocate Representative/Special Investigator shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

As there were no PREA-related grievances filed during this time frame, therefore no responses are necessitated. The DYS advocate further confirmed that the Sequel TSI-OCR program did not have any PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (e). Policy 1.28 Youth Grievances establishes that:

1. Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of juveniles.
2. If a third party, other than a parent or legal guardian, files a grievance on behalf of a juvenile, the DYS Advocate Representative may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the grievance process.
3. If the juvenile declines to have the grievance processed on his or her behalf, the DYS Advocate shall document the juvenile's decision.
4. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The DYS advocate further confirmed that there were no PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (f). Policy 1.28 Youth Grievances, addresses the procedure for priority grievances:

The Advocacy Representative ascertains if the Grievance is a Priority Grievance.

- Juveniles may file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse by having a staff contact the Administrator on Duty (AOD) in the facility. The AOD shall follow their chain of command reporting to include the campus PREA Monitor and Special Investigator.
- After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the AOD shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility administrator/designee and DYS Advocacy/ DYS Special Investigation Unit at which time immediate corrective action may be taken. DYS Advocacy/Special Investigation Unit shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall document Advocacy/DYS Special Investigation Unit's determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Per the PAQ, there were zero emergency PREA grievances filed in the past 12 months. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (g). As reported in the PAQ, the Sequel TSI-OCR program has reported zero number of resident grievances that allege sexual abuse that resulted in disciplinary action by the agency against the resident

for having filed the grievances in bad faith. Policy 1.28 Youth Grievances states that, “facilities may discipline a youth for filing a grievance related to alleged sexual abuse/assault/harassment only where the facility demonstrates that the juvenile filed the grievance in bad faith. The facility shall use the regular disciplinary committee and pre-established sanctions should be applied.” The interviewed DYS advocate reported that she had not received any PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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 assessible 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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Sequel TSI-OCR Student Handbook
    d. Informed Student Verification - 21
    e. Crisis Services of Northern Alabama Agreement
2. Interviews:
    a. Random sample of residents - 3
    b. Sequel TSI-OCR program director
    c. PREA compliance manager

Findings (By Provision):

115.353 (a). The Sequel TSI-OCR program provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, "facilities shall provide juveniles with access to sexual abuse, by providing, posting or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for person detained solely for civil immigration purposes, immigrant services agencies."

Three interviewed residents reported that they were aware of services available outside of the facility for dealing with sexual abuse, if ever needed, and being aware of services outside of the facility for dealing with sexual abuse. The residents stated that there were services available, however, they never had to use the services. After probing, the residents reported being aware based on their personal experiences prior to being detained and seeing information posted in the living units and in the handbook.

The Sequel TSI-OCR program provided a copy of 21 *Informed Student Verification* forms. The forms provided an additional acknowledgement of receipt of the student handbook and additional PREA related materials.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicates that "prior to giving them access, the facility will inform juveniles of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to the appropriate agencies and/or authorities in accordance with mandatory reporting laws."

When residents were asked "do you think the conversations with people from these services would be told to or listened to by someone else"; they stated that in part; because they were told if its mandated reported it would be reported. Two of the youth said that they think conversations would remain private, in part if the information is used to make a report. There were no identified residents who reported sexual abuse at the Sequel TSI-OCR program during the audit period.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (c). The Sequel TSI-OCR program provided correspondence regarding its attempts to enter into a contract with a service provider for emotional support in the event of a sexual abuse or sexual harassment incident. The Sequel TSI-OCR program has a cooperative agreement with the Crisis Services of Northern Alabama.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (d). As reported in the PAQ, the program provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that the facility "will provide residents with reasonable and confidential access to their parents/legal guardians, JPOs, ADAP, and attorneys or other legal representation."

The interviewed program director reported that students are able to have reasonable and confidential access to their attorneys or legal representation through phone and mail access if needed. All staff members were able to access student contact information to assist the students with access to communication. They are set up in a private area away from peers to ensure the confidentiality of their conversation. Students are also given reasonable and confidential access to their parent/guardians via telephone and mail access as needed. All staff members are able to access student contact information

to assist students with access to communication. Again, they are set up in a private area away from peers to ensure confidentiality of their conversations.

The interviewed PREA compliance manager reported that residents can talk to their attorneys and juvenile probation officer at any time. There are no instances where youth would not have access to their attorneys and legal representation. In similar fashion, residents are always allowed to talk to their parent or guardian; and there is no time that access is limited or "stifled". There is limitation on confidentiality in that all calls are monitored. The resident can schedule a 10-minute private call with the parent or guardian. It was reported that the program does not monitor the hotline calls. It should be noted that youth do not always have access to a phone. There is not a phone available in a common area. It should also be noted that mail is screened.

All of the interviewed residents reported receiving mailing addresses and telephone numbers for outside services. The various ways that they received the information included: handouts, posters, and handbook. All of the residents were able to articulate what the information contained; for example, that there was information on victim advocates, where they could get help if needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Third Party Reporting Memo
    c. Alabama 3rd Party Reporting Form

Findings (By Provision):

115.354 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that a third-party reporting form to report allegations of sexual misconduct is available on the Alabama Department of Youth Services website. The program director provided a memo dated 8/21/2020 which indicated that "to date, we have had no Third Party Reports of Sexual Abuse of Misconduct. If ever the need arises, we will have the appropriate party fill out form 115.35." The referenced form is the *Alabama 3rd Party Reporting Form*. A copy of the form was provided.

A review of the appropriate documentation and relevant policies indicate that the program is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Staff and Agency Reporting Duties Memo (dated 8/21/2020)
2. Interviews:
    a. Random sample of staff -13
    b. Medical and mental health staff - 2
    c. Sequel TSI-OCR program director
    d. PREA compliance manager

Findings (By Provision):
115.361 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, requires that staff immediately report to their immediate supervisor, any knowledge, suspicion, or information they receive regarding an allegation of Sexual Abuse, Sexual Harassment, or retaliation. The supervisor shall immediately notify the Campus

Administrator/Administrator on Duty (AOD) who shall then initiate a critical incident report using DYS Form 8.12 Critical Incident Report as outlined in DYS Policy 8.12. An investigation shall be conducted and documented whenever a sexual assault is alleged, threatened, or occurs. One volunteer and 13 random staff interviews; indicated a clear understanding of the duty to report the above mentioned immediately.

All random sample of staff interviewed indicated the program does require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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. The various ways staff indicated that they could make a report included, but was not limited to:

- Report to supervisor
- Complete an incident report
- Secure the scene
- Ensure proper channels are notified

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (b). As reported in the PAQ, the Sequel TSI-OCR program requires that all staff comply with any applicable mandatory child abuse reporting laws. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states that all critical incidents should be reported using DYS Form 8.12 *Critical Incident Report* as outlined in DYS Policy 8.12; and if suspected, reasonably suspicious, or indicated, the child abuse reporting procedure should be followed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “apart from reporting to designated supervisors and special investigators, or discussions with law enforcement and designated state agencies as requested, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than to the extent necessary, as specified in DYS policy and Sequel TSI-OCR procedure, to make treatment, investigation, and other security and management decisions.”

Thirteen random staff interviewed reported being aware of the agency procedure for reporting any information related to resident sexual abuse. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor, as the first process to protect any usable evidence. The same staff were asked, “Do you know who is responsible for conducting sexual abuse investigations?” Most of the staff could clearly articulate the internal investigator that conducted PREA interviews by names and local police department.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “medical and mental health practitioners shall be required to report sexual abuse up their chain of command, as well as where required by mandatory reporting laws.

The interviewed medical and mental health staff all reported that upon admission/intake residents are notified regarding the limitations of confidentiality and the staff duty to report. All of the medical and mental

health staff stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. One interviewed medical and mental health staff stated that they have reported incidents of child abuse to the appropriate parties; and such reports were made by notifying the Department of Human Resources (DHR) and notifying administration. It should be noted that the reports were based on incidents that occurred prior to the resident's arrival at the program.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that critical incidents must include "immediate notification shall be made and documented by the Campus Administrator/AOD to the Office of Programs and Client Services, Central Office or Community Services if contract service provider, when the alleged assault is reported, at the same time other notifications are made as required by Sequel policy."

The interviewed program director and the PREA compliance manager reported that if the program receives an allegation of sexual abuse the allegation is reported to Madison County DHR and the DYS coordinator. The DYS service monitor would be notified immediately following the initial report of the allegation to the Madison County DHR. It was also reported that Madison County DHR will handling notifying the guardians and the juvenile probation officer is made aware of the report withing 24 hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states that, "the facility shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the facility's designated investigators, to the DYS PREA Coordinator, Programs and Client Services/Community Services." A memo provided by the program director dated 8/21/2020 indicated that "during this audit period, there have been no Parent/Attorney/Guardian Notifications as a result of child abuse reporting."

The interviewed program director reported that all allegations of sexual abuse and sexual harassment are directly reported to the PREA coordinator and designated facility administrators. The PREA compliance manager files a report with Madison County DHR.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    b. Agency Protection Duties Memo (dated 8/21/2020)
    Housing Unit Placement - 19
2. Interviews:
    a. Agency head
    b. Program director
    c. Random sample of staff - 13

Findings (By Provision):
115.362 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Sequel TSI-OCR staff and Residents are prohibited from retaliating against other staff or Residents for reporting allegations of Sexual Abuse or Sexual Harassment. Staff and/or Residents who are found to have violated this prohibition shall be subject to disciplinary action." As reported in the PAQ, there were zero instances during the past 12 months where the program determined that a resident was subject to substantial risk of imminent sexual abuse. A memo provided by the program director dated 8/21/2020, further reiterated that during the audit period there have no critical incident reports involving a risk of sexual abuse nor have they had to protect a juvenile who would be at risk for imminent sexual abuse. Additionally, there have been no instances in which the agency had to isolate a resident due to imminent danger of sexual abuse that required immediate action.

The interviewed agency head stated that the staff shall respond immediately and urgently if a youth is at imminent risk for sexual abuse the staff should separate the alleged victim/perpetrator and protect any evidence if applicable. The program director reported that if she becomes aware that a resident is subject to a substantial risk of imminent sexual abuse, they would immediately separate the "students", the scene would be secured, and any evidence would be preserved. If a staff were involved, the staff would be removed from working with the group or placed on administrative leave during the course of the investigation. The agency head and the program director indicated that such actions would occur immediately.

All the interviewed staff could articulate the response process if a resident is at risk of imminent sexual abuse. Most of the staff reported that action is taken immediately to address a resident who is at risk of sexual abuse by immediately notifying the supervisor, separate the victim and perpetrator, and get the victim off the zone and take the victim to medical for follow up services. All of the staff reported that

information would only be shared with necessary parties. A review of 19 *Housing Unit Placement* forms provided no indication of residents who may be victims of sexual abuse/assault placed in isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
2. Interviews:
    a. Agency head
    b. Program director

115.363 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, "upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using DYS Form 115.363 *Reporting to Other Confinement Facilities.* Per the PAQ, there were no allegations of sexual abuse received at Sequel TSI-OCR which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at Sequel TSI-OCR during the reporting period.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (b). The Sequel TSI-OCR program policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Per the PAQ, there were no allegations of sexual abuse received at Sequel TSI-OCR which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at Sequel TSI-OCR during the reporting period. The director reported if they received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at Sequel TSI-OCR, she would start an investigation and send the facility investigator to that site to conduct the interviews.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (c). Per the PAQ, there were no allegations of sexual abuse received at Sequel TSI-OCR which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at Sequel TSI-OCR during the reporting period.

Based upon review of documentation the facility met the requirements of the provision.

115.363(d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicates that "the facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards." Based upon interviews with the director, if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the PREA coordinator would notify the executive director as well as notify the DYS of the allegations. The PREA coordinator will also complete a *Reporting to Other Confinement Facilities* form. The allegations would be carried through in the same manner as all allegations. It should be noted that PREA coordinator was referenced; however, the director was referring to the on-site PREA compliance manager. The director could not recall any recent incidents of allegations within the last 12 months from other facilities. The policy further states that the Sequel TSI-OCR program director or PREA coordinator "will make every effort to ensure that notification regarding the outcome of the investigation is received from the facility."

The interviewed agency head reported that the designated point of contact for any Sequel agency receiving or giving allegation referrals will be facilitated by the agencies Executive Director/Designee. The agency Executive Director will notify the head of that facility, and also that state investigative agency including that states specific CPS/DCS. Each agency will assure that the allegation is investigated in accordance with PREA Standards. The examples of allegations are documented on the agency's incident report review forms.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
   a. Pre-Audit Questionnaire (PAQ)
   b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
2. Interviews:
   a. Security and non-security staff first responders -10
   b. Random sample of staff - 13

Findings by Provision:

115.364 (a). Policy 13.8.1, Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault provides guidance on the agencies first responder plan. The policy states that, "upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse is reported within72 hours and still allows for the collection of physical evidence, ensure that the alleged victim and 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;
4. The staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor. Refer to DYS Form 115.364 First Responder Checklist and DYS Form115.364.1 First Responder Guidelines for Sexual Assault.
5. Staff shall follow DYS Policy 115.371 Process for Investigating an Allegation of Sexual Assault and refer to Sequel policy 1.29, Sequel Policy 1.29.1, Sequel Policy 1.29.2, and Sequel Policy 1.29.3 to ensure that DYS and facility procedures are followed."

Per the PAQ, there were zero allegations of sexual abuse reported in the last 12 months. All the interviewed staff consistently reported that the duties of a first responder include, but are not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. A majority of the staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.364 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, does not define a first responder by a position but describes as "the first

staff who responds to an allegation of sexual abuse."Thirteen random staff interviewed consistently reported that the duties of a first responder to include, but are not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. PREA Written Institutional Plan
2. Interviews:
    a. Program director

Findings (By Provision):
115.365 (a). The Sequel TSI-OCR program has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA compliance manager is responsible for the oversight of the said plan. In part, the plan states that the reporting duties are as follows:

a. Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:
b. Separate the alleged victim and abuser;
c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
e. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
f. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

When interviewing the program director, the process was further confirmed in that the response to an allegation of sexual abuse include; separate the alleged victim and abuser, preserve and protect the scene until all evidence can be collected, nursing staff will provide an emergency medical care; at the appropriate time the clinical director will set up crisis mental health services for the victim and contact the contracted psychiatrist. The PREA compliance manager and agency director will contact Madison County DHR to report the allegations so that an investigation can be initiated. It should be noted that while the term PREA coordinator was referenced by the director it is the on-site PREA compliance manager.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
2. Interviews:
    a. Agency head

Findings (By Provision):
115.366 (a). As reported in the PAQ, the Sequel TSI-OCR program does not have collective bargaining. This section is not applicable. The facility, thereby, materially meets the provision for this standard. The agency head further confirmed that the program does not engage in collective bargaining.

115.366 (b). The auditor was not required to audit this provision.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Written Institutional Plan
    d. Protection Against Retaliation Form
2. Interviews:
    a. Agency head
    b. Program director
    c. Designated staff member charged with monitoring retaliation - 1

Findings (By Provision):

115.367 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, (pg. 20), establishes protective measures for 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 and staff. The Written Institutional Plan describes the following:

- All juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are to be protected from retaliation by other juveniles or staff.
- The Executive Director, PREA Compliance Monitor, or his designee shall designate which staff member is charged with monitoring for retaliation.
- Retaliation will be monitored for 90 days with weekly status checks. At that time, it will discontinue if there is no further threat of retaliation or continue as needed using DYS Form 115.367 *Protections Against Retaliation.*
- Protective measures against retaliation include:
    - Housing changes or transfers for juvenile victims or abusers
    - Removal of alleged staff or juvenile abusers from contact with victims

- Emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or
- Sexual harassment or for cooperating with investigations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (b). As previously described, the Sequel TSI-OCR program has a written institutional plan that describes the process to monitor retaliation and protective measures. The program reported in the PAQ, that no residents were placed on segregated housing after reporting sexual abuse or sexual harassment. The interviewed agency head reported that each facility will have a designated person to monitor the continual conduct/treatment of resident/staff who reported the sexual abuse. This monitor will happen for 90 days after the reported incident unless unfounded. Dorm changes, student/staff 1:1, and student scheduling changes may be warranted. The interviewed program director reported that the following steps are taken to protect residents from staff retaliation: separate the two students and a request would be submitted for the alleged abuser to be re-staffed to a new facility. Crisis therapeutic services would be provided to the victim. If staff is involved, the program would remove the staff from working with the group or place the staff on administrative leave until the completion of the investigation and terminate if necessary.

The interviewed staff that is designated to monitor for retaliation is the PREA compliance manager. It was reported that an incident would be monitored and thoroughly reviewed. Each party involved would be followed up with each week for 90 days. Depending on the severity of the event, more frequent follow up may occur. The PREA compliance manager would monitor and report any suspicions of retaliation and also monitor the nature of the work environment or living environment for staff and residents. The environment of non-retaliation is shared with residents during intake as well with staff during their annual training. The PREA compliance manager reported that there has not been any PREA related incidents in a long time; therefore, monitoring did not occur during this audit cycle.

If an incident were to occur, monitoring and supervision of those who made allegations or reports of sexual assault would be done by following up with meetings with staff and residents. If needed, housing restrictions could be put in place. The program has a monitor for retaliation document, to document any incidents of review. A sample blank *Protections Against Retaliation Form* was provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). The Written Institutional Plan states that, “retaliation will be monitored for 90 days with weekly status checks. At that time, it will discontinue if there is no further threat of retaliation or continue as needed using DYS Form 115.367 *Protections Against Retaliation.*” As reported in the PAQ, there were zero instances where the program had to monitor for retaliation.

The director and the designated staff who monitor for retaliation stated that, the two students would be separated immediately, and they would house the students in separate areas. The program would monitor the conduct of the alleged abuser through observation, camera reviews, and unannounced visits. It was also reported that if it is noticed that there are retaliatory behaviors, the facility would request re-staff of the alleged abuser to another facility. The PREA compliance manager, further stated that she would monitor for any signs of intimidation, threats, hostile work environment, hostile living environment, or any other factors that would indicate retaliation. Monitoring would occur for 90 days or longer if needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (d). The Written Institutional Plan describes the process in which staff will monitor for retaliation. The *Protections Against Retaliation Form* provides a week by week status check. As previously stated, the PREA compliance manager would monitor for any signs of intimidation, threats, hostile work environment, hostile living environment, or any other factors that would indicate retaliation. Monitoring would occur for 90 days or longer if needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team will make recommendations and ensure program administration takes appropriate measures to protect that individual against retaliation."

The interviewed agency head reported that the program retaliation monitor in concert with the program administrator will monitor the parties involved. Separation and assignment adjustments will be made when deemed necessary and it does not punish or negatively impact the cooperation of individuals. As previously stated, the program director reported that the two students would be separated immediately, and a request would be submitted for the alleged abuser to be re-staffed to another facility. Crisis therapeutic services would be provided to the victim. If staff were involved, the program would remove the staff from working with the group or placed on administrative leave until the completion of the investigation and terminate if necessary.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Housing Unit Placement Forms - 19
2. Interviews:
    a. Program director
    b. Staff who supervise residents in isolation
    c. Medical and mental health staff - 2

Findings (By Provision):

115.368 (a). As reported in standard 115.342, Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, "juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged." The policy further states the steps that should be taken if isolation is utilized:

1. During any period of isolation, Residents will be allowed access to daily large-muscle exercise and required educational programming or special education services.
2. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

As reported in the PAQ, no residents at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. There were no sexual abuse/sexual harassment investigations to review. Upon review of 19 *Housing Unit Placement Forms*, there was no indication of residents being placed in isolation related to PREA.

Interviews with the program director indicated that there were no residents who were placed on isolation to protect as a result of sexual abuse allegations. The director also confirmed that a resident would only be placed on isolation from others as a last resort when less restrictive measures are inadequate to keep them safe. While the use of isolation has not be utilized for sexual abuse or sexual harassment allegations; residents who are placed in isolation have done so only until safety and order is restored. The program has a safe room if needed. The interviewed mental health and medical staff reported that if a resident was placed on isolation the resident will be checked daily and pill call will occur on the unit. The interviewed staff reported that they are unaware of any residents being placed on isolation for sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

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)

es the agency always refrain from terminating an investigation solely because the source of the allegation recants 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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Policy 1.29 PREA Investigations
    d. NIC Special Investigations Training - 1
2. Interviews:
    a. Program director
    b. PREA coordinator

Findings (By Provision):
115.371 (a). As reported in the PAQ, the program has a policy related to criminal and administrative investigations; however, Sequel TSI Owens Crossroads does not conduct any administrative or criminal investigations. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault indicates that said allegations will be sent to Madison County DHR and or the Alabama DYS to investigate.

If an investigation is initiated by DYS, the Facility Operating Procedures, 1.29 PREA Investigations, indicates that a DYS Special Investigations unit will conduct the investigation. The program also utilizes the local Department of Human Resources (DHR) to conduct investigations at the facility. Based on interviews with the PREA compliance manager, most investigations are initiated by a referral to DHR. The DHR is the local child protective services agency. The auditor questioned whether DHR would conduct administrative investigations such as sexual harassment if sexual harassment did not meet the threshold of child abuse.

As reported, there were no PREA related allegations in the audit period.

115.371 (b). Per the PAQ, the Sequel TSI-OCR program reported having zero staff who were trained investigators. The program does not conduct any PREA related investigations. During the post audit

phase, the program director completed the NIC Special Investigators training to become familiarized with the process of handling a PREA investigation.

115.371 (c). The program does not conduct PREA related investigations and does not gather or preserve direct or circumstantial evidence. All investigations are handled by an outside entity. Policy 1.29 PREA Investigations states that, "DHR is responsible for investigating all allegations of sexual abuse/assault/harassment following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." It further states that, "when it appears the allegations of sexual abuse, sexual assault, and sexual harassment are supported by evidence of criminal behavior, the DHR and SART (to include law enforcement) ensures that the allegations are referred for investigation to law enforcement."

115.371 (d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, "the program will not terminate an investigation solely because the source of the allegation recants the allegation" (pg. 28).

115.371 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "

115.371 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the SIU determines the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative shall be made by the Administrator of Institutional Services or his/her designee or by private provider program director or designee."

As previously described the program does not conduct any PREA related administrative or criminal investigations.

115.371 (g). Policy 1.29 PREA Investigations indicates that "in connection with every allegation, campus administrators will also be responsible for determining whether personnel or work rule violations occurred, whether disciplinary action is warranted, whether policy and procedure has been followed in connection with the incident and all other management concerns."

115.371 (h). The program does not conduct criminal investigations; however, the outcomes of such investigations are provided by Madison County DHR. Policy 1.29 PREA Investigations indicates that all investigations shall be documented.

115.371 (i). Allegations of sexual abuse or sexual harassment that are criminal in nature are referred to Madison County DHR. All investigations are handled by an outside entity. Policy 1.29 PREA Investigations states that, "when it appears the allegations of sexual abuse, sexual assault, and sexual harassment are supported by evidence of criminal behavior, the DHR and SART (to include law enforcement) ensures that the allegations are referred for investigation to law enforcement."

115.371 (j). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Sequel TSI-OCR shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the program, plus five years, unless the abuse was committed by a Resident and applicable law requires a shorter period of retention. (pg.37)"

115.371 (k). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "the departure of the alleged abuser or victim from the employment or commitment to the program shall not provide a basis for terminating an investigation. Furthermore, the program will not terminate an investigation solely because the source of the allegation recants the allegation".

115.371 (l). N/A

115.371 (m). The interviewed program director and PREA compliance manager, reported that Madison County DR investigators will mail out the outcome of the investigation report to the agency once the investigation has been completed and a ruling has been made. The interviewed PREA compliance manager reported that when an outside agency investigates allegations of sexual abuse, Sequel TSI-OCR administration cooperates fully with any outside investigations. The PREA compliance manager or designee will communicate regular with the investigating body to stay informed of the progress. The interviewed PREA coordinator reported that the agency will always cooperate with outside agencies when investigating an allegation. The PREA coordinator advised that, "The organization will put in the extra leg work in to assure we stay informed about every update/progress of each outside investigation."

Corrective Action:
While the practice of the standard was being implemented, the Sequel TSI-OCR policy did not have explicit language around retention of reports, continuing an investigation if the allegations are recanted, and continuing an allegation if the alleged abuser or victim has departed from the program.

No further action is warranted.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:

a. Pre-Audit Questionnaire (PAQ)
b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault

Findings (By Provision):
115.372 (a). The Sequel TSI Owens Crossroads program does not conduct administrative or criminal investigations. The standard for preponderance of evidence is determined by the external investigative agency (Madison County DHR).

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Written Institutional Plan.
    c. Victim Notification Form
2. Interviews:
    a. Sequel TSI-OCR program director

Findings (By Provision):

115.373 (a). As reported in the PAQ, the program has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as

to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Written Institutional Plan states that:

- Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the agency shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:
  a. The staff member is no longer posted within the juvenile's unit;
  b. The staff member is no longer employed at the facility;
  c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the agency shall subsequently inform the alleged victim whenever:
  a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
  c. All such notifications or attempted notifications shall be documented.
  d. A facility's obligation to report under this standard shall terminate if the juvenile is released from the agency's custody.

The were no reported allegations of sexual abuse/assault/harassment to review; however, the program provided a blank copy of the *Victim Notification Form.*

115.373 (b). The Sequel TSI-OCR program utilizes an outside entity to conduct the criminal investigations. As reported in the PAQ, there were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months. The Written Institutional Plan states that, "If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the juvenile."

115.373 (c). As previously stated, the Written Institutional Plan states that:

- Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the agency shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:
  e. The staff member is no longer posted within the juvenile's unit;
  f. The staff member is no longer employed at the facility;
  g. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  h. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There were no identified residents who reported sexual abuse. The interviewed program director reported that students will be notified of the results of the investigations upon the conclusion of the investigation.

115.373 (d). As previously stated, the Written Institutional Plan states that:

- Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the agency shall subsequently inform the alleged victim whenever:
  a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
c. All such notifications or attempted notifications shall be documented.
d. A facility's obligation to report under this standard shall terminate if the juvenile is released from the agency's custody.

There were no identified residents who reported sexual abuse.

115.373 (e). As reported in the PAQ, the Sequel TSI-OCR program has a policy that all notifications to residents described under this standard are documented. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, confirms said requirements.

115.373 (f). The auditor is not required to audit this provision.

Corrective Action:
No corrective action is recommended for this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
2. Interviews:
    a. Program director

Findings (By Provision):

115.376 (a). The Sequel TSI-OCR program reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that:

> It is the policy of the Sequel to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. All employees, volunteers and independent contractors are expected to have a clear understanding that Sequel strictly prohibits any type of sexual relationship with an individual under department supervision. Such conduct is considered to be a serious breach of the standards of conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status. All private providers or entities that contract for the confinement of juveniles shall comply with the PREA standards and agree to be monitored for PREA compliance.

Interviews with the PREA coordinator and director confirmed understanding of the agency's ability to implement disciplinary sanctions on staff.

115.376 (b). The Sequel TSI-OCR program reported in the PAQ that there were zero staff that violated the agencies sexual abuse or sexual harassment policies. However, in the event there was an instance of staff violating the sexual abuse and sexual harassment policy, Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse."

115.376 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "disciplinary sanctions for violations of agency policies

relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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." According to the PAQ, there was no disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.

A review of policy and documentation; found that the facility is in compliance with the provisions of this standard.

115.376 (d). As previously stated, Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , (pg,24), indicates that "disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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."

It was further reported in the PAQ that there were zero instances in which staff from the program were reported to law enforcement or licensing boards.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Volunteer and Contractor Receipt of PREA Form - 1
2. Interviews:
    a. Program director

Findings (By Provision):

115.377 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

As reported in the PAQ, there have been no volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of residents.

Based on review of files it is found that the facility meets the requirements of the standard.

115.377 (b). While there have been no instances in the past 12 months where the Sequel TSI-OCR program had to take action on a volunteer or contractor. The program has a policy in place to address any volunteers or contractors who violate the PREA standards of sexual abuse and sexual harassment. As stated in Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

During the interview with the program director, it was reported that the program would file a report with Madison County DHR and the volunteer or contractor would be prohibited from coming into and/or providing services at the Sequel TSI-OCR program.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. You Have the Right to be Safe from Sexual Violence Publication
2. Interviews:
    a. Program director
    b. Medical and mental health staff - 25

Findings (By Provision):

115.378 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , states that, "a juvenile may be subject to disciplinary sanctions by the Disciplinary Committee only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse." Per the PAQ, there were no administrative or criminal findings of resident-on-resident sexual abuse that occurred at the facility in the last 12 months.

115.378 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that:

> Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, facilities shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using DYS Form 115.342.1 *Isolation Activity Log*.

The interviewed program director reported that students are subject to receiving disciplinary sanctions if warranted. However, the program has not had any administrative or criminal investigations in the last 12 months. Disciplinary sanctions take into account any mental disabilities or illnesses, the nature of the abuse and previous disciplinary sanctions; for example, isolation or staffed to another facility.

115.378 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicated that "the Disciplinary Committee shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The Disciplinary Committee may want to consult with the juvenile's case manager for additional information on the juvenile's mental status before imposing a sanction.

The interviewed program director reiterated that the Sequel TSI-OCR program is a therapeutic treatment facility. When assessing sanctions, a resident's mental disability or mental illness is taken into consideration when making disciplinary sanction decisions.

115.378 (d). Per the PAQ, the Sequel TSI-OCR program offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse; and the program shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Interviews with the medical and mental health staff, indicated that all residents are offered individual and group related services; and perpetrating services would be offered. When services are provided, it is voluntary participating, with the expectation that they will participate; however, it is not tied to a reward-based system.

115.378 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "facilities may discipline a juvenile for sexual contact with staff only upon a finding that the staff member did not consent to such contact."

115.378 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault , distinguishes that "for the purpose of disciplinary action, a report of sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

115.378 (g). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Sequel TSI-OCR prohibits all sexual activity between juveniles and may discipline juveniles for such activity. Sequel TSI-OCR, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity is not coerced.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Informed Consent Forms – 5
    d. Clinical Case Management Notes -5
2. Interviews:
    a. Staff responsible for Risk Screening - 1
    b. Medical and mental health staff - 2

Findings (By Provision):

115.381 (a). The Sequel TSI-OCR reported in the PAQ, that five of the residents who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "if the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The documented mental health case notes provided evidence of follow up services with those youth reported prior sexual victimization and/or sexual perpetration.

The interviewed staff responsible for risk screening stated that reassessments would occur within seven days of intake. Two interviewed residents disclosed a prior history of sexual victimization at risk screening. When asked whether or not when they told staff at the program that they had been sexually abused whether they were asked if they wanted to meet with a medical or mental health practitioner; both stated that they were offered such services. One resident reported that she was able to see a doctor and a mental health staff and the other resident stated that she refused the offered services.

115.381 (b). As stated previously, residents that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, will be offered a follow up meeting with a mental health practitioner within 14 days. The interviewed staff responsible for risk screening reported that if a screening indicates that a resident previously perpetrated sexual abuse a follow up meeting with a mental health practitioner would occur within seven days.

One interviewed youth reported having disclosed previously being perpetrated. The resident stated that they refused follow up services. As indicated in the PAQ, there were five youth in the last 12 months who disclosed prior victimization. The documented mental health case notes for the five identified youth provided evidence of follow up services with those youth reported prior sexual victimization and/or sexual perpetration.

115.381 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments."

115.381 (d). The Sequel TSI-OCR program policy indicates that "medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18, using DYS Form 115.381 *Informed Consent* for documentation."

The auditor was able to review 5 informed consent forms: showing proof of standard compliance. The review of documentation provided evidence of staff compliance with the standard.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Medical Health Screening Form
    d. First Responder Checklist
2. Interviews:
    a. Medical and mental health staff - 2
    b. Security staff and non-security staff first responders
    c. Medical and mental health staff first responders

Findings (By Provision):

115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

Interviewed mental health and medical staff reported, that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification. Medical and mental health staff interviewed during the site review were able to clearly state their responsibilities in responding to a reported incident of sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (b). The Sequel TSI-OCR program policy has the following protocols in place to medically respond to an incident of sexual assault. Treatment of Alleged Victims within 72 Hours of an Incident:

- On-site nursing treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the juvenile without interfering with evidence collection. Documentation shall clearly delineate all actions taken.
- Sequel facilities shall, when feasible, contract with rape crisis centers to provide forensic medical examinations for victims of sexual assault. Rape crisis centers traditionally follow "A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011 which is the PREA standard.
- Victims of sexual assault shall be referred under appropriate security provisions to a rape crisis center/hospital for treatment and gathering of evidence. The facility shall document that the rape crisis center/hospital follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are 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. Interviewed medical and mental health staff reported that such services are addressed immediately. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "medical staff should ensure that the Rape Crisis Center:

- Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and
- Prophylactic treatment and follow-up for sexually transmitted diseases.

There were no PREA related allegations reported during the 12-month audit period.

As previously stated, there were no residents at the Sequel TSI-OCR program who reported sexual abuse while at the program. However, the interviewed medical and mental health staff reported that any needed current or follow up services would be coordinated with the on-site medical staff.

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Sexual Abuse Critical Incident Form
2. Interviews:
    a. Medical and mental health staff - 2

Findings (By Provision):

115.383 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states that,, "If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." The policy further indicates that the "program will offer forensic medical services at no cost to the resident."

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

185.383 (b). The above referenced policy further states that the "juveniles needing more intense therapy shall be referred to the Psychologist/ Contract Psychiatrist for additional services. Juveniles identified as high risk with a history of assaultive and/or predatory behavior, or at risk for sexual victimization shall be identified, monitored, counseled, and provided treatment deemed appropriate by the Sequel Psychologist/Contract Psychiatrist."

115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.

115.383 (d). The interviewed medical staff reported that residents who have been sexually abused are offered pregnancy tests.

115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, Sequel TSI-OCR will ensure victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas a pregnancy test was necessitated. However, the interviewed medical and mental health staff reported that if pregnancy resulted from sexual abuse the victim would immediately be given information and access to all lawfully pregnancy-related services.

115.383 (f). Sequel TSI-OCR staff will ensure that residents of sexual abuse are provided a sexually transmitted infections test, along with receiving any necessary follow up medical care. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that:

a. Facility medical staff shall request the local rape crisis center/hospital to take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. The rape crisis center/hospital shall include:
    i. Collection of evidence from the victim, using a kit approved by the appropriate authority;
    ii. Giving the evidence collected by the rape crisis center/hospital directly to local law enforcement;

iii. Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and
iv. Prophylactic treatment and follow-up for sexually transmitted diseases.

When the juvenile returns to the facility the on-site nursing staff shall ensure that the juvenile victim received testing to include, but not be limited to: Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the rape crisis center/hospital, these tests shall be performed at the facility. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.

There were no identified residents who reported sexual abuse at the Sequel TSI-OCR program.

115.383 (g). As reported in the PAQ, the Sequel TSI-OCR program, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

There were no substantiated allegations of sexual abuse, based on resident-on-resident reports. As reported by the medical and mental health staff, there were allegations of prior history of sexual abuse, and the facility provides services based on the unique needs of the residents.

115.383 (h). As reported in the PAQ, the Sequel TSI-OCR program, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The interviewed mental health staff reported that the evaluation and treatment of residents at Sequel TSI-OCR is an ongoing process.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
2. Interviews:
    a. Sequel TSI-OCR program director
    b. PREA compliance manager
    c. Incident review team - 2

Findings (By Provision):

115.386 (a). As reported in the PAQ, the Sequel TSI-OCR program, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "The facility PREA Monitor shall conduct a sexual abuse incident review using DYS Form 115.386 Sexual Abuse Critical 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."

In the past 12 months there were zero incidents of sexual abuse reviews.

115.386 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "such review shall ordinarily occur within 30 days of the conclusion of the investigation." As reported in the PAQ, there were zero instances of sexual abuse at the facility in the last 12 months.

115.386 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault states that the "the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners." As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The

interviewed program director reported that the Sequel TSI-OCR program has a sexual abuse incident review team. The team is inclusive of upper level management, medical and mental health practitioners.

115.386 (d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicated that the review team shall:

a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility*;*
c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
d. Assess the adequacy of staffing levels in that area during different shifts;
e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
f. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility head and DYS PREA coordinator.
g. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The program director reported that the incident review team consists of the executive director (program director), unit director, clinical director, front line supervisor, PREA coordinator and nurse coordinator. The team uses the information to identify needs to improve policies and practices and to better prevent, detect, or respond to sexual abuse. The interviewed PREA compliance manager reported that if the facility conducts a sexual abuse incident review, the team will look to determine if policy or procedural changes are needed. If discrimination was involved based on youth identification or perceived identification, any facility design considerations that may have contributed to the alleged incident, staffing levels or assignments, or technology upgrades. The PREA compliance manager will review the information and drafts a statement for the website. There have not been any trends regarding allegations, and it tends to flow based on the population of residents. Some of the actions, after the report has been submitted, will be used to note an overview of the number of allegations from one year to another and to post the information on the SequeI website.

Two staff who are a part of the incident review team reported that the review team takes the following into consideration when reviewing incidents of sexual abuse and sexual harassment:

- Whether the allegations are motivated by race;
- Ethnicity;
- Gender identity;
- Lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status;
- Gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

The two interviewed staff reported that all incidents are reviewed and discussed in clinical and treatment team meetings. During the 12-month reporting period there were no incidents of sexual abuse or sexual harassment reported; however all areas are monitored each quarter and during monthly Process Indicator meetings. If any issues are noted, if any instances were noted, they would be revisited and structed accordingly to prevent any further incidents of abuse. The team would also review any trends or patterns. The facility identified a limitation in the camera monitoring system and is contract to have the system updated. The staffing levels are continuously monitored, to include the location of male staff and ensuring that announcements are being made when male staff enter the housing area. Male staff are not allowed on the housing unit while female residents are showering.

In review of the nine PREA Response Team notes, there was no indication that the above-mentioned areas were being assessed.

115.386 (e). The above referenced policy further states that, "the facility shall implement the recommendations for improvement or document its reasons for not doing so." As reported in the PAQ, the Sequel TSI-OCR program, implements the recommendations for improvement of documents its reasons for not doing so. There were no reported PREA allegations nor incident reviews.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Data Collection Memo (dated 8/21/2020)
2. Interviews:

Findings (By Provision):

115.387 (a/c). As discussed in the PAQ, the Sequel TSI-OCR program, reviewed data collected and aggregated under its direct control to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "Sequel shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions."

A memo provided by the executive director indicated that "to date there have not been any Surveys of Sexual Violence (SSV) conducted." The most recent version of the SSV are housed on the Bureau of Justice Statistics website at https://www.bjs.gov/content/put/pdf/ssv6_2018.pdf.

115.387 (b). Per Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicates that "data will be aggregated annually." Based upon the auditor's review, the facility is compliant with the intent of the provision.

115.387 (d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

115.387 (e). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "the DYS PREA coordinator also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles."

115.387 (f). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicated that "upon request, the Sequel TSI-OCR program will provide all

program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department's Survey of Sexual Violence, Form SSV-5."

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. DYS Monitoring Report (dated 12/19/2019)
2. Interviews:
    a. Agency head
    b. PREA coordinator
    c. PREA compliance manager

Findings (By Provision):

115.388 (a). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "The DYS PREA coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the DYS sexual abuse prevention, detection, and response policies and practices, and training including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole."

A copy of the annual reported dated 12/19/2019 was provided.

The interviewed agency head stated that after each investigation each agency will conduct an incident review unless unfounded the agency management team and designees will review the findings within 30-days. During this time, it will be discussed rather changes in procedures/policies may warrant additional specific PREA trainings, placement of facilities physical barriers, staffing plans, student demographics, etc.

The interviewed PREA coordinator stated that they will annually review PREA related allegations. "Annually all PREA compliance managers will send their updates on all of the aggregated data that they have collected from that year due to me every June to prepare their annual report to make available to the public."

The interviewed PREA compliance manager reported that the Sequel TSI-OCR program reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. It was also reported that the number of allegations is assessed regularly during periodic PREA Response Team meetings, and annual data is reviewed by the PREA compliance manager annually. This information is used to determine if additional surveillance equipment is needed, if supervision tragedies should be adjusted, or if additional training is needed for staff or students. Additionally, the PREA compliance manager will review the information and

share it the PREA response team and Sequel TSI-OCR administration when adjustments are needed. An annual summary is provided on the Sequel website and a more detailed report is available upon request.

115.388 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “he DYS Annual PREA Report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of DYS’s progress in addressing sexual abuse.”

Upon review of the annual report, the programs practice is consistent with the requirements of the standard.

115.388 (c). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, indicated that “The DYS Annual PREA Report shall be approved by the Executive Director and made readily available to the public through its website.”

Upon review of the annual report, the programs practice is consistent with the requirements of the standard.

115.388 (d). When complete the above-mentioned reports, names and descriptors are not used in the annual summary. The material not included in the annual summary is noted on the program website. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, “DYS may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.”

The interviewed PREA coordinator stated that “the agency can redact material from our annual report if there is a threat to the safety and security of the facility and we have to make it known the nature of what's being redacted. Information that will and can be redacted is direct resident information.”

Upon review of the annual report, the programs practice is consistent with the requirements of the standard.

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault
    c. Sexual Abuse Report
2. Interviews:
    a. PREA coordinator

Findings (By Provision):

115.389 (a). The Sequel TSI-OCR program reported in the PAQ that incident-based and aggregate data is securely retained. Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, provides that "The DYS PREA coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003."

The interviewed PREA coordinator, reported that the agency With our Quality Monitoring reporting system keeps track of monthly trends and will make immediate corrective action if need to take place monthly.

115.389 (b). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault, states that, "DYS shall 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."

115.389 (c). As reported in the PAQ, DYS shall remove all personal identifiers before making aggregate

sexual abuse data public. Upon review of the report, the program is in compliance with the provisions of the standard.

115.389 (d). Policy 13.8.1 Sequel TSI Owens Crossroads, Facility Operating Procedures, Protection from Sexual Abuse and Assault indicates that “all case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the DYS record retention schedule.”

Corrective Action:
No corrective action is recommended for this standard.

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.

The following evidence was analyzed in making compliance determination:

1. Documents:
    a. DYS Inspection
    b. Joint Commission
2. Interviews:
    a. PREA Coordinator

Findings (By Provision):

115.401 (a). The Sequel TSI-OCR program website contains the results of all of the PREA audits conducted since 2014.

115.401 (b). As reported by the PREA coordinator, the Sequel TSI-OCR program is the only facility operated by the governing agency.

115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the program by the director, PC, and other management staff; integral to the functioning of the Sequel TSI-OCR program. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.

115.401 (i). During the on-site visit, the auditor and her team were provided access to any and all documents requested. All documents requested were received to include, but not limited to: employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.

115.401 (m). The audit team was provided private rooms throughout the program to conduct resident interviews. The staff staged the residents in a fashion that the auditor team members did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.

A review of the appropriate documentation and interviews with staff indicate that the program is in compliance with the provisions of this standard. No corrective action is warranted.

115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO BOX or during the interviews with the audit team. The audit team members did not receive any correspondence from the residents of the Sequel TSI-OCR program.

Corrective Action:
No corrective action is recommended for this standard.

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 appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

1. Documents:

a. Agency website

Findings (By Provision):

115.403 (f). The Sequel TSI-OCR program, posts its PREA Audit reports on the agency website. The reports are available for review at https://difference.sequelyouthservices.com/secure-residential/sequel-program-owens-cross-roads.php There is a link to the Final PREA Audit reports provided on the right section of the page, under forms and reports. The program is compliant with the intent of the provision.

Corrective Action:
No corrective action is recommended for this standard.

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Latera M. Davis 10/9/2020

Auditor Signature **Date**

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.