

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 7-8, 2015

Auditor Information			
Auditor name: Adam T. Barnett, Sr.			
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Email: Adam30906@Gmail.com			
Telephone number: 706-550-7978			
Date of facility visit: July 7-8, 2015			
Facility Information			
Facility name: Sequel TSI Tuskegee			
Facility physical address: 4280 US Highway 29 South, Tuskegee, AL 36083			
Facility mailing address: <i>(if different from above)</i> 4280 US Highway 29 South, Tuskegee, AL 36083			
Facility telephone number: 334-727-2216			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Executive Michael Provitt, MPA			
Number of staff assigned to the facility in the last 12 months: 82			
Designed facility capacity: 48			
Current population of facility: 25			
Facility security levels/inmate custody levels: Medium Secured			
Age range of the population: 13 - 18			
Name of PREA Compliance Manager: Valarie Alexander		Title: CQI Director/PREA Compliance Manager	
Email address: valarie.alexander@sequelyouthservices.com		Telephone number: 334-727-2216	
Agency Information			
Name of agency: Sequel Youth and Family Services			
Governing authority or parent agency: <i>(if applicable)</i> Alabama Department of Youth Services			
Physical address: 1000 Industrial School Road. Mt. Meigs, AL. 30605			
Mailing address: <i>(if different from above)</i> P.O. Box 66, Mt. Meigs, AL. 30605			
Telephone number: 205-836-1058			
Agency Chief Executive Officer			
Name: John Stupak		Title: Chief Executive Officer	
Email address: john.stupak@sequelyouthservices.com		Telephone number: 215-284-5043	
Agency-Wide PREA Coordinator			
Name: Sonya Schierling		Title: Quality Manager/PREA Coordinator	
Email address: Sonya.schierling@sequelyouthservices.com		Telephone number: 941-526-8763	

AUDIT FINDINGS

NARRATIVE

Sequel Youth and Family Services of Tuskegee treatment staff provides comprehensive, challenging, and therapeutic services for adolescent male's ages 13 to 18. The program utilizes a cognitive behavioral approach to focus on maladaptive behaviors and provides rehabilitative services including individual, group, and family therapy; psycho-educational groups; 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 therapy, Positive Peer Culture (PPC) 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 of program staff members. These new skills are practiced daily.

The time an adolescent spends at Sequel Youth and Family Services of Tuskegee program is traditionally a period of academic gain, which is significant to the resident's overall growth and success. The objectives for the residents are to attend school, demonstrate appropriate behavior, & achieve academically, so that they might return with competency & confidence to compete within the public or private school arena, college, military service, or job market.

Residents participate in a school program recognized by the state of Alabama as a state supported school and is accredited by the Southern Association of Colleges and Schools (SACS CASI), wherein all teachers hold Alabama teaching certifications. A traditional school year, with an academic program based on the Alabama State Course of Study core, offers educational opportunity for each resident as a part of his individualized treatment plan. Summer school is conducted for remediation, enrichment and credit recovery as needed by students for courses in which he may have missed or failed in previous school placement.

DESCRIPTION OF FACILITY CHARACTERISTICS

Sequel TSI of Tuskegee was established in 1998 as a residential treatment facility serving males assigned to the program by the Alabama Department of Youth Services, after being adjudicated by the court. A separate unit is dedicated to serving males placed by the Alabama Department of Human Resources for intensive care treatment. Sequel TSI of Tuskegee is a Medium Risk Secure Facility with 64 beds with 48 licensed by the Alabama Department of Youth Services and 16 beds licensed by the Alabama Department of Human Resources. The current population from Alabama Department of Youth Services is 25. Only one unit is in use (Unit 2; Unit 3 is currently empty. The facility has four (4) building, no open bay.

During the audit period the capacity designed was 48, and the current population of July 7, 2015 was 25. The number of residents admitted to the facility within the past 12 months was 73. The number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more was 73. The age range of population is 13 – 18 years. The average length of stay or time under supervision was 120 days.

The facility does not utilize isolation and disciplinary issues are addressed through the behavior management program. The facility is staffed with fifty-two (52) on site employees. These include one (1) Executive Director, one (1) Program Director, one (1) Unit Director, (1) one Director of Education, one (1) Director of Support Services, one (1) CQI Director, one (1) Medicaid Specialist/Clinical Administrative Assistant, one (1) Dietary Supervisor, two (2) Dietary Staff, one (1) Maintenance Manager, one (1) Lead Nurse, six (6) LPN Nurses, one (1) English Instructor, one (1) Activity Specialist, one (1) Mathematics Instructor, one (1) Science Instructor, one (1) Special Education Instructor, one (1) History Instructor, two (2) Department of Youth Services Therapist, three (3) First Shift Supervisors, six (6) First Shift Direct Care Staff, three (3) Second Shift Direct Care Staff, seven (7) Second Shift Direct Care Staff, one (1) Third Shift Supervisor, and six (6) Third Shift Direct Care Staff.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted in the facility on May 11, 2015, prior to the date of the on-site visit. Posting of the notices was verified. The Posted locations were the Front Entry, Resident Living Unit, Education Hall, Administration Area and Dining Hall. The auditor did not receive any communications from staff, youth or visitors as a result of the notices.

The flash drive containing the Pre-Audit Questionnaire, Alabama Department of Youth Services Policies, Facility Operating Procedures and other supporting documentation was received prior to the onsite audit. The documentation that was uploaded to the USB Flash Drive was very well organized and easy to navigate. An initial review of the documentation revealed a PREA Policy that was very comprehensive in scope, very detailed. Additionally, the other supporting policies were well written. Clarification was requested for several areas. This clarification was responded to expeditiously by the Sequel Youth and Family Services of Tuskegee PREA Compliance Manager and the Executive Director, whose responsiveness throughout the process was commendable.

The auditors arrived at the facility at 8:00AM. Following a brief entrance conference with the Executive Director, CQI Director/PREA Coordinator, Two Case Managers, Activity Specialist, Director of Support Services, Director of Education, Unit Manager, First Shift Leader, and the Maintenance Manager during which youth and staff to be interviewed were selected, the Executive Director led the auditors on a complete tour of the facility.

During the tour the facility was observed to be clean and orderly. Residents were well behaved and were engaged with staff that was providing direct supervision. During the tour the Executive Director pointed out the locations of cameras. Video Monitors were observed in the control room. Auditors observed the monitors being viewed by the control room staff. The Executive Director explained that the video recordings are maintained up to 90 days, and if alleged PREA incident occurs they be maintained as a part of the investigation package.

A number of Administrative offices were equipped with outside windows. Some doors were not equipped with windows enabling viewing inside of offices, however, the staff explain that the doors must me keep open. Cameras were not observed in any bathroom/shower areas, resident rooms; however, there are cameras in the isolation rooms. Staff explained that showers are conducted by same sex staff; that youth shower and use the restrooms one at a time; that they come to the showers dressed and leave dressed; and that female staff are not allow in the bathrooms while the showers are being conducted. Female staff are located outside the shower area but not in a position where they would be viewing youth using the restrooms or showers.

All rooms are single occupancy without doors, except for one room, which house up to three residents. This room is use as an honors room. Sequel Youth and Family Services of Tuskegee have cameras installed in varies areas in the living unit to monitor any perspicacious activities that may arise, to include resident going in to other resident's rooms. Residents are not allowed to enter into each other's room.

PREA Posters were observed in the facility and instructions for accessing the hot line were posted by the phones along with other contact information for youth. There were 25 residents at the facility on the day of the audit. None of those youth were identified as disabled, limited English proficient, transgender, gay, lesbian, bisexual or mentally ill. Residents were randomly selected from each housing unit for interviews. A total of ten (10) residents were interviewed. These youth were very knowledgeable of PREA, the Zero Tolerance Policy, their rights to be free from sexual abuse, sexual harassment and sexual misconduct and how to report sexual abuse, harassment or sexual misconduct if it occurred. These youth were well versed in reporting procedures and could easily identify and name multiple ways they could report both internally and externally, in writing, verbally, anonymously and through third parties. Impressive was the fact that every interviewed youth stated they had staff at this facility that they trusted and to whom they would report sexual abuse. Every youth interviewed also reported that they felt safe at this facility. Youth knew the grievance procedures and stated the youth advocate explained the grievance process to them.

A total of 22 staff, representing staff from all shifts, an investigator interviewed. These included the Superintendent, Assistant Superintendent, Mental Health Staff, a nurse, case managers and Direct Care Worker.

Note: the detail interviews for staff and residents are summarizes under the interview section of each standards.

Corrective Actions:

The following are recommendations and corrective actions completed by the facility.

1. Standard 313 – Supervision and monitoring. A number of solid doors were observed during the tour that residents was not allow were concerning to the auditors. Solid doors provide a predator an opportunity to go undetected. Staff related that access to areas behind the solid doors is off limits to youth. They also related that the keys to those areas are restricted .An recommended step that can be easily taken to mitigate liability even further would be to place simple laminated signs on any doors that do not have camera coverage to the entrances prohibiting staff who are not authorized from entry and prohibiting youth from entering the area. A laminated sign could simply state, Restricted Area, No Youth Allowed.” Additionally, too, these areas are prime areas that should be checked during unannounced PREA rounds. Red signs were place on identified doors effective July 7, 2015.
2. Standard 331 – Employee Training – During the staff interviews some staff was not sure of some of the PREA information. It was recommended that the facility PREA Compliance Manager develop a refresher training process to ensure that the staff understands the intent of PREA. It was also recommended that the facility place additional staff posters as a reminder. The facility completed this recommended July29, 2015.
3. Standard 335 – Specialized training: Medical and mental health care – The medical and mental health staff has not completed the required specialized training. It was recommended that all medical and mental staff to include part-time complete the Specialized Training: PREA Medical and Mental Care Standards (December) publishes on the National PREA Resource website and developed by the MOSS Group. Completed documentation (Rosters) was provided to auditor on July 29, 2015.
4. Standard 351 – Resident Reporting – The facility has ways for the residents to report outside of the facility by using a phone. However, the resident must ask a staff to dial the outside number. In additional to this process, the auditor recommended that the PREA Compliance Manager posted the local Rape Crisis Center mailing address and educate the residents on using this process to report sexual abuse and harassment outside on the facility.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Initial review of the Alabama Department of Youth Services (ADYS) policy 13.8.1 Prison Rape Elimination Act (PREA) Rules and Regulations established a zero tolerance for incidents of juvenile sexual abuse and assault, rape or sexual harassment in any ADYS or contract service providers. ADYS designate an agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Sequel Youth and Family Services Tuskegee (SYFST) designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The policy outline how the facility implement the approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility provided documentation that includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors.

The PREA Coordinator is located on the parent organizational chart and the Facility PREA Compliance Manager is located on the facility organizational chart as required by standard.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1, Protection from Sexual Abuse and Assault - Sections A -1 p. 1 Par, 2
- ✓ Written Policy and Procedures 13.8.1 Sections A – 1 p. 1 Par, 4
- ✓ PREA Coordinator – Designation and Qualifications
- ✓ Sequel Policy Domain for Leadership (Sequel Website)
- ✓ Facility PREA Compliance Manager – Designation and Qualifications
- ✓ Agency Organizational Chart
- ✓ Facility Organizational Chart

Interviews:

Interviews with 22 facility staff and 10 youth indicated they have been educated and are knowledgeable of the agency's Zero Tolerance Policy. Youth consistently described receiving both verbal and written information related to the Zero Tolerance Policy as well as how to report sexual abuse and sexual harassment if it occurred. Staff interviews revealed they too have been educated on the policy, including the agency's approach to prevention, detection, responding and reporting sexual abuse and sexual harassment.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

A review of Alabama Department of Youth Services policy describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. Sequel Youth and Family Services Tuskegee has entered into/renewed contract for confinement of residents. The contractor is monitored by Alabam Department of Youth Services to ensure compliance with the PREA standards.

Sequel Youth and Family Services Tuskegee does not contract with any outside contractors to provide confinement for residents. The facility does contract with individual vendors for youth services. Each contractor is required to completed the ADYS Form 115.312 Contract Private Private Provider Receipt of PREA indicating that they are aware of the agency's Zero Tolerance Policy as well as how to report allegations of sexual abuse and sexual harassment.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Contract with Department of Youth Services
- ✓ PREA Form 115.312 Contract Private Provider Receipt of PREA

Interviews:

The facility director, in an interview, revealed that Sequel Youth and Family Services does not contract with any other entity for the confinement of youth.

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Youth and Family Services Tuskegee has develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect residents against sexual abuse and sexual harassment. Staff ratios of a minimum of 1:8 during residents waking hours and 1:12 during sleeping hours are maintained, except during limited and discreet exigent circumstances. Exigent cirumstances are required to be fully documented. Only direct care care staff are included in ratios. Male and female staff ratios must be correctly maintained with at least one staff on every shift of the same sex/gender as the resident housed in the unit.

The facility also conducts Secure Facility Vulnerability Assessment Reports. The facility ensures that all hidden or secluded areas (such as
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janitor closets, etc.) where covert sexual behavior may occur are monitored and the doors kept locked and secured at all times. The facility maintains a clear and unobstructed view into offices and youth room doors remain open. Sequel Youth and Family Services of Tuskegee have cameras installed in various areas to assist in monitoring staff and resident activities. The facility repositioned staff to eliminate blind spots that are out of view of the surveillance camera system.

During the past 12 months, the facility reported zero times for deviating from the PREA staffing ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

The facility provides a statement to certify and confirm that Sequel Youth and Family of Tuskegee has not received any local, state, or national news media attention or reporting, to include newspapers, relating to sexual abuse or sexual harassment within the past three years.

The auditor recommended a process for Sequel Tuskegee to document all considerations and elements of the staffing plan that are addressed in the standards. It was also recommended that signage be placed on solid doors where residents are not allowed.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Staffing Pattern
- ✓ Complete Facility Staff Work Schedules
- ✓ Daily Population Report
- ✓ Facility Vulnerability Assessment
- ✓ Facility Roster
- ✓ Group Counseling Schedule
- ✓ Facility Activity Schedule (All Dorms)
- ✓ Annual Survey on Sexual Violence
- ✓ Security Count Affidavit
- ✓ PREA Form 115.113 Supervisory Monitoring Log
- ✓ Annual Review of Staffing, Monitoring Technology and Facility Resources
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

The facility director described the process for and the things he and his staff would consider in developing a staffing plan. The items he identified were consistent with the requirements of PREA. He related that the staff to youth ratios are 1:8 during awake hours and 1:12 during sleeping hours. He also related the facility has had no exigent circumstances resulting in deviating from those ratios but stated if there had been any, they would have to be approved and documented. Interviews with staff confirmed that ratios are maintained and that there have been no cases requiring deviation.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Youth and Family Services Tuskegee do not conduct cross-gender strip searches, visual body cavity searches or pat-down searches

Except in exigent circumstances or when performed by medical practitioners. Residents are allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Sequel Youth and Family Services Tuskegee requires staff to announcements three time per day (one of each shift) are made to alert residents that another gender staff could be on the living unit at any time. Shift supervisors are responsible for making entries into the log book on each living unit. Staff does not search or physically examine a Transgender or Intersex residents for the sole purpose of determining the resident's genital status. Staff is prohibited from alerting other staff of higher level conducting unannounced rounds.

The facility reported that there were no cross-gender pat-down searches, strip searches or visual body cavity searches conducted during the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ Sequel Standard Compliance Checklist
- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.315 Cross-Gender Visual Body Cavity Searches
- ✓ PREA Form 115.315 Cross-Gender Pat-Down Searches
- ✓ Shift Duty Assignments
- ✓ Worked Schedule
- ✓ Medical Reports (Medical Examination of Transgender or Intersex Juvenile)
- ✓ Training Records (Searches)
- ✓ Logbook Entries (Opposite Gender Announcements)
- ✓ Visual Observation
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Interviews with ten youth, representing youth from all living units, confirmed that staff have never performed cross gender searches on them and all of the youth also reported they had never seen a cross gender search. Youth described shower procedures in which youth report to the shower fully dressed and leave fully dressed. They also reported that cross gender staff do not supervise showers. Staff, according to the youth, are not positioned where they are viewing youth while showers are being conducted. Youth related that staff entering a unit of the opposite gender ring a doorbell and announce their presence when entering the unit. Twenty two interviewed staff confirmed these processes as well.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Youth and Family Services Tuskegee has procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, Alabama Department of Youth Services policy requires Sequel not to rely on resident interpreters, resident readers or any kind of resident assistant except when a delay in obtaining interpreters services could jeopardize a resident's safety. Sequel has established contracts for services to provide residents with disabilities and residents who are limited English proficient with various

interpreter services on an as needed basis. Sequel has MOU with a designated interpreter to provide interpreter services.

Sequel Youth and Family Services of Tuskegee Director of Education provide a PREA Accountability Statement that certify and confirm that the facility utilizes Special Education Services and the definitions of the title II of the Americans with Disabilities Act to provide age-appropriate services to youth by special education instructors.

Tuskegee utilizes the guidelines of the Alabama State Department of Education's Administrative code for providing services to residents that have been deemed eligible to receive special education services. The code complies with the current standards of the federal mandates of IDEA, including the definitions of disabilities, identifying residents with disabilities and implementing individualized education plans for these students. The State Department of Education monitors this facility for compliance with these guidelines.

The Youth Safety Guides are printed in Spanish and English.

The facility reported that there were no instances where residents interpreters, readers, or other types of resident assistants have been used in the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.33 Juvenile Receipt of PREA
- ✓ MOU of Designated Interpreter Services
- ✓ Access to Interpreter
- ✓ PREA Form 115.333LF
- ✓ PREA Form 115.333S
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Eight of ten interviewed direct care staff stated they would not allow a resident to interpret or serve as a reader for a limited English proficient youth. They were less clear on how they would access interpretive services however this facility is a treatment facility and intake is scheduled enabling the intake officer to make preparations for any limited English youth should they be committed to the program. Interviewed intake and administrative staff were able to explain the process for accessing interpretive services for a number of disabilities.

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel procedures prohibits hiring or promoting of staff and and contractors that may have contact with resident, who has engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied duties threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

Sequel performs criminal background records checks. Policy ensure that background checks are conducted in compliance with federal and states laws on current and prospective paid and unpaid staff, contractors, vendors, and custodial workers. Applicants for employment, as well as all current employees are required a a condition of employment or continued employment, to complete a request for a Child Abuse/Neglect Central Registry Clearance using Form DHR-FCS-1598 provided by the Alabama Department of Human Resources. Applicants or current employee's failure to return the completed form to the facility PREA Compliance Monitor within two weeks of receiving the form are considered reasonable grounds for non-consideration of employment or disciplinary action for current employees.

Sequel conduct criminal background records checks at least every four years on current employees and contractors who may have direct contact with residents. The facility set up a spreadsheet sorted by driver's license expiration dates, and after initial background check, run the background checks again the month after the driver's license expires. Process is managed by the Alabama Department of Youth Services, at the first of every month an email message would be sent by the agency to the Central Office Human Resource Office requesting a background check for the individuals needing background checks for the month.

Sequel Tuskegee, unless prohibited by law, will 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 the employee has applied to work.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Background Verification Reports
- ✓ PREA Form 115.317 Pre-Employment Questionnaires
- ✓ Staff interviews

Interviews:

The human resources staff was able to walk the auditor through ten personnel files describing a background clearance process that included a background check for felonies and misdemeanors, nationwide sex offender searches and fingerprints. Reviewed files contained the required documentation and clearances. She described the Child Abuse and Neglect Reports conducted by DHR. She also indicated the PREA Questions are given to applicants prior to their interviews. This staff was knowledgeable of the requirements for screening and background check requirements for applicants.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel management team understands when designing or acquiring a new facility in planning any expansion or modification of existing structure, they consider the effect of all elements on the facility's ability to protect resident from sexual abuse and/or sexual harassment.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist

- ✓ Written Policy and Procedures 13.8.1
- ✓ Surveillance System Schematic
- ✓ Visual Observation
- ✓ Staff interviews

Interviews:

The facility director, in an interview, reported that there have been no substantial expansions or modifications to the facility since August 20, 2012 however he was very knowledgeable of the PREA requirements and stated consideration of how better to protect youth would definitely be considered and implemented insofar as possible.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Youth Services (ADYS) has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of sexual abuse(assault), sexual harassment, or any sexual conduct that is alleged at Sequel Youth and Family Services Tuskegee. SIU follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Sequel Tuskegee ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement specify that administrative and criminal investigations are conducted pursuant to the requirements of PREA. All referrals are documented. The responsibilities for conducting investigations are published on the Alabama Department of Youth Services PREA website.

Policy requires that a forensic medical examination are requested by the assigned investigator/designee within 72 hours of a sexual assault. As requested by the victim, a victim advocate, qualified facility staff member or someone for the Rape Crisis Center may accompany and support the victim through the forensic medical examination process and investigatory interviews. Victims of sexual abuse are referred under appropriate security provisions to a designated Rape Crisis Center/Hospital that has a MOU with the Sequel for treatment and gathering of evidence. The MOU document that the Rape Crisis Center/Hospital follows a uniform evidence protocol.

Sequel Tuskegee offer all residents who experience sexual abuse access to forensic medical examinations without financial cost. The examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination are performed by other qualified medical practitioners. The program document its efforts to provide SAFEs or SANEs.

The facility reported that there were no forensic medical exams conducted by SANEs/SAFEs or performed by a qualified medical practitioner in the past 12 months.

Sequel Tuskegee provided documentation of staff certificate of Training for “PREA Qualified Staff Support Member Training” delivered by Alabama Coalition Against Sexual Violence.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29

- ✓ National Protocol for Sexual Assault
- ✓ Memo from Macon County Sheriff Department
- ✓ Memo of Understanding with Rape Crisis Center/Child Advocacy Center
- ✓ PREA Form 115.321 Victim Advocate Receipt PREA
- ✓ Victim Advocate Certificate of Completion
- ✓ Staff interviews

Interviews:

An interview with the director indicated that law enforcement would be responsible for conducting allegations that were criminal in nature and would be responsible for collecting evidence in those cases. The lead nurse reported that forensic examinations would be conducted at the East Alabama Medical Center in Opelika, Alabama. She related the hospital has SAFE/SANES. She was very knowledgeable of protecting evidence prior to the youth going to the hospital. Line staff were also able to articulate the steps they would take to protect any potential evidence.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Youth and Family Services Tuskegee provided a MOU with the Macon County Sheriff Department that agrees to receive and work with the facility on allegations of sexual abuse referrals.

Alabama Department of Youth Services (ADYS) has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of sexual abuse(assault), sexual harassment, or any sexual conduct that is alleged at Sequel Youth and Family Services Tuskegee. SIU follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Sequel Tuskegee ensure that the allegations are referred for investigation to law enforcement. An agreement with law enforcement specify that administrative and criminal investigations are conducted pursuant to the requirements of PREA. All referrals are documented. The responsibilities for conducting investigations are published on the Alabama Department of Youth Services PREA website.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ Sequel Standard Compliance Checklist
- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ Memo from Macon County Sheriff Department
- ✓ PREA Form 115.371 Process for Investigating Sexual Assaults
- ✓ Administrative Investigation
- ✓ Website Publications
- ✓ Referrals to Law Enforcement for Criminal Investigation
- ✓ Staff interviews

Interviews:

Interviews with staff confirmed they have been educated and trained in reporting policies and procedures. They were able to name multiple PREA Audit Report

ways of reporting. All of the interviewed staff related they were mandated reporters. Most of the interviewed staff were aware of the agency responsible for conducting investigations. All of the interviewed staff related they would report to their supervisors who would then be responsible for contacting the agency responsible for investigations. Most were aware that law enforcement would conduct criminal investigations.

Standard 115.331 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee staff has been trained on the State of Alabama relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training includes Alabama law (Ala. Code 26-14-1 et seq.) that makes the reporting of known or suspected child abuse or neglect mandatory for hospitals, clinics, medical professionals, teachers, school officials, law enforcement officials, social workers, daycare workers, mental health professionals, members of the clergy, and any other person called upon to render aid or medical assistance to a child.

Policy required all staff to be trained on its zero-tolerance policy, staff responsibilities as it relates to prevention, detection, reporting, and response policies. The training also include and is tailored to resident's population of juvenile facilities, youth rights to be free from sexual abuse and sexual harassment, and the rights of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The program provides rosters and the form entitled, Staff Receipt of PREA, with the employee's signature, acknowledges that they understand the training they received.

There was a concern that the staff members needed additional refreshers to help retain the required PREA. On July 29, 2015 the auditor received the additional refreshers training conduct as requested with staff rosters. The standard was rate meet.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.16
- ✓ Written Policy and Procedures 13.8.1
- ✓ Code of Alabama 1975 Section 26-14-3
- ✓ Employee Training curriculum
- ✓ PREA Form 115.331 Staff Confirmation of Receipt of PREA
- ✓ PREA Pamphlet 115.331.1 What Staff Should Know About Sexual Misconduct with Juveniles
- ✓ Staff interviews

Interviews:

All of the interviewed staff indicated they have been trained in PREA. Most of the ten interviewed line staff were able to relate training they received in preventing, detecting, responding and reporting sexual abuse and sexual harassment. They easily articulated the steps they would take upon becoming aware of an allegation of sexual abuse or sexual harassment. Ten of ten line staff stated they had been trained that they are mandated reporters.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy requires volunteers and contractors who have contact with residents to receive PREA training. The training type and level is based on the services provided. The policies require the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. Volunteers and contractors sign documentation acknowledging that they understand the training they received. The facility use Alabama Department of Youth Services form 115.332 to document training and to confirm the volunteer's and contractor's understanding of the training they received.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Volunteer and Contractor Training Curriculum
- ✓ PREA Form 115.332 Volunteer and Contractor Receipt of PREA
- ✓ PREA Form 115.311 PREA Fact Sheet
- ✓ Staff Interviews

Interviews:

There were no volunteers available to be interviewed.

Standard 115.333 Resident education

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy requires residents to receive training information regarding safety, their rights and how to report sexual abuse and sexual harassment within 10 days upon arrival. However, staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, staff reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident he is asked to sign a written youth acknowledgment form verifying receipt of information.

Residents are provided with Handbook and PREA Pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Information is provided to the residents with the Abuse Hotline Number. Additionally, recently residents during the orientation process see a video presentation on PREA. Staff presents PREA information in a manner that is accessible to all residents.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 17.1
- ✓ Resident Student Handbook
- ✓ Juvenile Handbook Orientation on Sexual Assault
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault
- ✓ PREA Pamphlet 115.333LF (Limited Reading Skills)
- ✓ PREA Pamphlet 115.333S (Limited English Proficient – Spanish)
- ✓ PREA Pamphlet 115.333.1 DYD Youth Safety Guide
- ✓ Power Point Presentation 115.333 PREA Orientation
- ✓ Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know
- ✓ Access to Interpreters
- ✓ Posters and other Visual Aides
- ✓ Youth Interviews

Interviews:

Youth interviews confirmed that they are provided PREA information on admission as well as on an ongoing basis. They stated they receive a PREA Package at intake that included information on how to report, the series, “Billy Speaks Out”, how to use the hotline and some related they watched a video. Youth more recently admitted consistently indicated the information was explained to them. What was clear was that youth were aware of the Zero Tolerance Policy and of multiple ways to report both internally and externally and furthermore, youth stated they had confidence in staff and had at least one staff they would feel comfortable reporting to. All of the youth were aware of the hotline and again, all stated they could access it without impediment.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

In addition to general PREA training, investigators received training in conducting investigations in confinement settings. When investigation are conducted by outside law enforcement, the agency referring the investigation at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility.

Sequel Tuskegee provide documentation for investigators completing the required specialized training.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ ADYS Special Investigators Completed the PREA Resource Curricula for Investigating Sexual Abuse in Correctional Setting developed by the MOSS Group, Inc.
- ✓ PREA Form 115.334 Special Investigator Receipt of PREA
- ✓ Agreement with Macon County Sheriff Department
- ✓ Staff Interview

Interviews:

An investigator, during a previous interview, related that he has had specialized training in investigative techniques in juvenile facilities. He indicated that he would be responsible for conducting administrative investigations and that law enforcement would conduct criminal investigations. He related a thorough and comprehensive process including conducting interviews and reviewing video recordings. He related that investigations would continue if the youth recanted and if a staff involved resigned. In administrative investigations he related the preponderance of evidence would be the standard for substantiating a case.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy ensures that all full and part-time medical and mental health care practitioners who work regularly in the facility to complete the specialized training. Documentation of medical and mental health practitioners has completed the general PREA training. However, additional specialized training were needed to comply with the standard. On July 29, 2015 the facility provided the auditor with the required specialized training documentation for the medical and mental staff. The facility use the training modules for the PREA Resource Center website develop by the Moss Group Inc.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 12.11
- ✓ Nurse Certification/Licenses
- ✓ PREA Form 115.335 Medical and Mental Health Receipt of PREA
- ✓ PREA Form 115.335.1 DYS Contract Medical and Mental Health Receipt of PREA
- ✓ Rape Crisis Center/Child Advocacy Center Memorandum of Understanding
- ✓ Discharge Notes
- ✓ Staff Interviews

Interviews:

The lead nurse stated she had received PREA Training through Montgomery County but did not indicate or confirm that she has completed the NIC Specialized training for medical staff. The interviewed mental health staff stated they had not completed the NIC Specialized PREA Audit Report

training for mental health staff.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy requires Sequel Tuskegee to be screened within 24 hours of admission, to include transfer resident for risk of sexual abuse and sexual victimization or sexual abusiveness toward other residents utilizing PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for sexual Victimization. The screening identifies potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The screening tool meets the requirements of the standard. Policy limits staff access to this information on a "need to know basis".

Residents identified as high risk for vulnerabilities or sexually aggressive or assaultive behavior are reviewed by administration. Necessary precautions and restrictions are determined by the program. According to procedures, if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in a facility setting or in the community, the assigned staff have a follow-up meeting with the resident within 14 days of the intake screening.

Policy also requires periodically, at least every six months throughout their confinement or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness, PREA Form 115.341.1 PREA Risk Reassessment are completed. Progress is monitored during treatment team meetings and is updated in writing as identified in the resident treatment notes.

For resident 18 years or older, the facility obtains informed consent from residents before reporting information about prior sexual victimization that did not occur in a facility setting.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- ✓ Health Screening Form
- ✓ PREA Form 115.341.1 PREA Risk Reassessment
- ✓ PREA Form 115.341.2 Guidelines for PREA Shared information
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

The case manager responsible for screening for risk of victimization and abusiveness described the screening process. She related that she administers the instrument to all newly admitted residents within 72 hours of admission. She utilizes the Vulnerability Assessment Instrument required by the Alabama DYS. In this process she not only administers the risk assessment but also reviews the MAYSI mental health screening instrument, the youth's case history and records and any social evaluations previously completed. Access to the results of the assessment are restricted and based on a need to know basis.

Standard 115.342 Use of screening information

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The PREA screening information is use to identify potential vulnerabilities or tendencies of acting out with Sexually Aggressive Behavior and Risk for Sexual Victimization. Based on this information housing, programming, bed, education, and work assignments if provided, are made accordingly. An individualized determination are made about how to ensure the safety of each resident.

Lesbian, gay, bisexual, Transgender, or Intersex residents are not assigned to particular housing, bed, or other activities solely on the basis of identification or status, nor are their identification or status is us as a indicator of likelihood of being sexually abusive. Policy indicated that if a resident were a Transgender or Intersex placement and programming assignment are reassessed at least twice each year to review any threats to safety experienced by the resident using PREA Form 115.341.1 PREA Risk Reassessment.

Policy requires residents at risk of sexual victimization, or those residents alleging sexual assault may be 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 keepin all residents safe can be arranged.

The facility reported that there were no resident at risk of sexual victimization who were placed in isolation in the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

The case manager related that screening information is used to inform housing, programming assignments and education.

Standard 115.351 Resident reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

During the intake process, residents receive information explaining in an age appropriate fashion on reporting sexual abuse, sexual harassment and retaliation. Residents have the option to report internally any staff member, in addition to immediate point of contact line staff members or use the facility grievance process. Externally, residents may report using the ADAP Representative. The ADAP Representative has a lock box at the facility for resident to report outside, DYS Sexual Assault 24 Hour Hotline, Rape Counselor of East Alabama 24 Hour Hotline, Macon County Department of Human Resources 24 Hour Hotline and the Alabama Department of Homeland Security for Civil Immigration purposes. The PREA Complince Management also posted the address to the local Rape Crisis Center for resident to write and file a report.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.28
- ✓ Juvenile Handbook (including information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security)
- ✓ DYS Form 1.18 DYS Youth Grievance Form
- ✓ Juveniles Report Abuse or Harassment to a Public or Private Entity or Office
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Form 115.351 Alabama Hotline Message
- ✓ Poster: 5 Ways of Reporting
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Ten of ten interviewed youth were aware of and could articulate a number of ways they could report allegations of sexual abuse and sexual harassment both internally and externally. These included telling a trusted staff member and each youth related they did have a trusted staff member they would tell. Additionally they indicated they could file a grievance, tell their parents, attorneys or a friend, drop a note in the medical drop box, write their parents or attorney and report using the hotline. Every youth stated they could use the hotline phone anytime and they could access it without impediment.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy indicates that the facility has a administrative procedures to address resident grievances regarding sexual abuse and sexual harassment. Procedures indicates that the facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abus or sexual harassment. The facility does not use any informal grievance process or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Sequel Tuskegee ensures that resident who allege sexual abuse or harassment may submit a grievance without submitting it to the staff member who is the subject of the compliant, and the grievance is not referred to the staff member who is the subject of the complaint nor discussed with another youth who may be the subject of the complaint. The facility has grievance boxes for resident to submit formal grievances.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse. If the resident declines to have the grievance processed on his behalf, the advocate document the resident's decision.

Policy requires residents 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. After receiving an emergency grievance the resident is subject to substantial risk of imminent sexual abuse, the staff immediately forward the grievance to the facility adminintrator/designee/Special Investigation Unit at which timeimmediate corrective action may be taken. The Special Investigation unit provide an initial response within 48 hours, and a final decision within 5 calendar days.

The facility reported that there were no grievances filled that alleged sexual abuse or sexual harassment.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 1.28 – Grievance
- ✓ Juvenile Grievance and Response
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Form 115.354 Third Party Reporting
- ✓ Entrance Letter to Parents
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Ten of 10 interviewed youth related they could access the grievance process without having to go through a staff. Each one also related that they believed that their grievance would be taken seriously and attended to.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The facility provides resident with acces to outside victm advocates for emotional support serives related to sexua abuse through the East Alabama Rape Crisis Center/Child Advocacy Center. The Crisis Services of Center coordinator signed the MOU. Dunign the program tour
PREA Audit Report

posters with telephone numbers, including toll free hotline numbers.

Resident detained solely for civil immigration purposes are afforded the same opportunity to contact outside services, including immigrant services agencies. The facility has the Consular Notification and Access Manual from the US Department of State Publication, Office of Policy Coordinator and Public Affairs as the program resource information for residents who may want to contact their Consular.

The facility provides residents with confidential access to their attorneys and/or legal representation and access to parent and legal guardians.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Memorandum of Agreement with Rape Crisis Center/Child Advocacy Center
- ✓ Examples of Posters
- ✓ DYS Form 115.351 Alabama PREA Hotline Message
- ✓ Juvenile Handbook
- ✓ DYS Form 100.8 Informed Juvenile Verification
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ Important Numbers for Juveniles to Report Sexual Abuse
- ✓ Access to Outside Support Services (ADAP)
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Youth related that they were aware there were some outside support services and they stated the numbers for those services were posted. Some youth were aware of the kinds of services these organizations provided and were aware of the limits of confidentiality regarding the services and some youth were not. Every interviewed youth related they had not needed the services but knew how to access them if needed.

Standard 115.354 Third-party reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse. If the resident declines to have the grievance processed on his behalf, the advocate document the resident's decision.

The facility uses a third party reporting form, PREA Form 115.354 Third Party Reporting for sexual abuse or sexual harassment. The form is available to the public through Alabama Department of Youth Services PREA website for reporting allegations. Staff is required to accept and document all reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, or from third parties using Alabama Department of Youth Services Form 812 Critical Incident Report.

Parents or legal guardian or notified of third party report through a letter from the facility. The facility documents all decisions when a resident declines to have third party assistance in reporting sexual abuse or sexual harassment.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Website Publication
- ✓ PREA Form 812 Critical Incident Report
- ✓ PREA Form 115.354 Alabama PREA Third Party Reporting Form
- ✓ Staff interviews

Interviews:

Interviewed youth consistently articulated being able to report through third parties. Staff consistently reported that youth could report through third parties and all of the interviewed staff reported they have been trained to accept third party reports.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The facility requires all staff, volunteers, and contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether it is retaliation against youth of staff who reported the abuse. The facility complies with applicable mandatory child abuse reporting laws by reporting to Alabama Department of Youth Services. All facility staff are mandated reporters.

All alleged sexual incidents are reported using the Alabama Department of Youth Services Form 8.12 Critical Incident Reports as outlined in policy. Apart from reporting to designated supervisors, special investigators, law enforcement and designated state agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Sequel Tusgee procedure, to make treatment, investigation, and other security and management decisions.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ Written Policy and Procedures 13.16
- ✓ Code of Alabama: 26-14-3 Mandatory Reporting
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ Confirmation of Parent/Attorney/Guardian Notification
- ✓ PREA Form 115.381 Consent to Treatment

- ✓ PREA Form 115.341.2 Guidelines for PREA Shared Information
- ✓ DHR-FCS-1593 Child Abuse Reporting Form
- ✓ Anonymous Reports
- ✓ PREA Form 115.354 Third Party Reporting
- ✓ Medical Consent
- ✓ Staff interviews

Interviews:

All of the interviewed staff, including direct care and specialized staff, related that they were mandated reporters. They also stated that they have been trained to take every suspicion, knowledge, information or report of sexual abuse, sexual harassment and retaliation seriously. They reiterated it is not their responsibility to investigate but to report. Each staff indicated that they would immediately report any verbal or written allegation and follow up with a written report prior to the end of the shift.

Standard 115.362 Agency protection duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

When staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 13.8.1 clearly outlines that any employee who is a witness to or has knowledge of any sexual abuse or sexual harassment are responsible to immediately report it. An employee who knowingly fails to report are subject to disciplinary action.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ DYS Form 8.12 Critical Incident Form
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Staff consistently emphasized their responsibilities as mandated reporters as well as the fact that they have been trained to take every suspicion, knowledge or allegation of sexual abuse, sexual harassment, retaliation seriously and report it immediately. With regard to any knowledge, suspicion or report of a youth being at risk of imminent sexual abuse staff related that they would take it seriously, separate the potential perpetrator from the potential victim immediately and report it. They indicated that actions that could be taken would be to allow the potential victim to remain with staff until further plans could be made to ensure the youth’s safety, move the potential perpetrator to another unit or even to another facility.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

Sequel Tuskegee defines how an allegation from another facility would be handled and processed by the receiving facility. Upon receiving an allegation that a resident was sexually abused or sexual harassed while confined at another facility, the Director of Sequel Tuskegee that received the allegation notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred. Then the Sequel Tuskegee Director notify the appropriate investigative agency using Alabama Department of Youth Services Form 115.363, Reporting to Other Confinement Facilities.

The facility reported that there were no allegations the facility received that a resident was abused while confined at another facility within the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.363 Reporting to Other Confinement Facilities
- ✓ Staff interviews

Interviews:

The director, in an interview, related that in the event a youth admitted to his facility reported being sexually abused at another facility, he would contact the sending facility director immediately and report the incident ensuring that it is investigated.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee policy 13.8.1, outlines first responder duties. Policy requires staff response to an allegation of abuse and how the victim

and abuser will be managed. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond is required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse is within 72 hours and still allows for the collection of physical evidence, staff ensure that the alleged victim and the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Staff are required to notify his/her supervisor and complete PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault. Staff also follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ PREA Form 115.364 First Responder Checklist
- ✓ PREA Form 115.364.1 First Responder Guidelines for Sexual Assault
- ✓ PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Without exception, interviewed staff were able to articulate the actions they would take as first responders to an allegation or incident of sexual abuse. They consistently related they would first immediately separate the alleged victim and perpetrator, get them to medical, report to their immediate supervisor, secure the alleged crime scene and instruct both youth not to use the restroom, brush their teeth or shower and follow up with their written report.

Standard 115.365 Coordinated response

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee policy require the facility to have 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.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ Sequel Standard Compliance Checklist
- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Written Institutional Plan
- ✓ Staff interviews

Interviews:

Interviewed direct care staff, administrative staff, medical staff and mental health staff all were able to articulate their coordinated responsibilities in the event of an incident of sexual abuse or an allegation.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequal Tuskegee is not involved in "collective bargaining" with union employees.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Notification Letter
- ✓ Administrative Leave Letter
- ✓ Staff interview

Interviews:

Interviews with the facility director and human resources staff indicated that the facility does not engage in collective bargaining.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy 13.8.1, details the expectations of how administration will not tolerate any form of retaliation against youth and/or staff for participating in an investigation and/or reporting a incident of sexual abuse.

The staff and youth are prohibited from retaliating against other staff or residents for reporting allegations of sexual abuse or sexual harassment. Staff and youth who are found to have violated this prohibition are subject to disciplinary action. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager and staff monitor the conduct or treatment of residents and staff who reported the sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other youth or staff.

Measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or youth abusers from contact with victims, no staff contact status, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations are implemented instances of retaliation.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Compliance Manager makes recommendations and ensure program administration takes appropriate measures to protect that individual.

The facility reported that there were no incident of retaliation occurred in the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.367 Protections Against Retaliation
- ✓ Treatment Notes
- ✓ PREA Form 115.171 Investigative Outcome
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

The PREA Compliance Manager serves as the facility retaliation monitor. She reported there have been no incidents of retaliation during the past 12 months. She related in the event there was an incident of retaliation she would check with the youth daily or every other day to see how things were going, have other staff increasing their observations. She would be watching for indicators such as changes in mood and increased disciplinary reports as well as asking the youth. Additionally she related she would monitor that youth until he/she leaves the program. If the potential victim was a staff, she would monitor that situation as well, checking in with the staff, watching for changes in behavior as well as changes in assignments. This monitoring would continue as long as necessary.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee policy 13.8.1, allows segregation for reasons of safety and protection. Resident at risk of sexual victimization, or those alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other resident safe. This step is used only until an alternative means of keeping all resident safety can be arranged. Whenever a resident is held in isolation for protective reasons, documentation regarding concerns for the resident's safety as well as the reason why alternative means of

separation cannot be arranged in placed in the resident's file.

If a resident is place in isolation, they are not deny daily large-muscle exercise and any legally required educational programming or special education services. The receive daily visits from a medical or menta health care staff. The resident also have access to other programs and work opportunities to the extent possible. When the resident is place in segregation the facility use PREA Form 115.342.1, Isolation Activity Log to document all activities. .

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ Sequel Standard Compliance Checklist
- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Interviewed staff related that a youth could be placed in segregation for safety and protection but only as a last resort and when all other less restrictive means have already been tried. They also indicated this would be used only until some other means of keeping the youth safe had been arranged and that would be a priority. They also stated that youth in protective custody would receive education, large muscle activity daily and daily visits by medical or mental health staff.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Youth Services has a Special Investigation Unit (SUI) that is responsible for investigating certain allegations of sexual abuse/assault/harassment that follows a uniform evidence protocol that mazimizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. When is appears that allegations are supported by evidence of criminal behavior, the SUI ensures that the allegations are referred for investigation to law enforcement.

According to Sequel Tuskegee "Written Institutional Plan", investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses. The also review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The written institutional plan requires investigators not to terminate an investigation solely because the source of the allegation recants the allegation. Admininstrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Results are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Investigations are documented and published on the DSY PREA website.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ Sequel Standard Compliance Checklist
- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Tuskegee Written Institutional Plan
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ Records Retention Schedule
- ✓ PREA Form 115.371 Process for Investigating Sexual Assault Allegation
- ✓ PREA Form 115.371.1 Investigative Outcomes
- ✓ Youth Interviews
- ✓ Staff Interviews

Interviews:

The facility director indicated that the Alabama Special Investigations Unit is responsible for conducting investigations of allegations of sexual abuse and sexual harassment. If an incident were clearly criminal law enforcement would be contacted to conduct the investigations. The SIU would conduct administrative investigations. Investigations would not terminate as a result of a youth recanting or a staff resigning.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Youth Services policy 13.8.1, establishes the evidentiary standard for investigations and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Sequel Tuskegee Written Institutional Plan
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ Staff interviews

Interviews:

The facility director indicated, in an interview, that the standard of evidence in administrative investigations is the preponderance of the evidence.

Standard 115.373 Reporting to residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

According to the Sequel Tuskegee's "Written Institutional Plan", following an investigation into a resident's allegation of sexual abuse suffered in the facility, the facility inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using ADYS Form 115.373 Juvenile Notification of Investigative Outcome. If the facility did not conduct the investigation, it request the relevant information from the investigative agency in order to inform the residents.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Sequel Tuskegee Written Institutional Plan
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ PREA Form 115.371 Process for Investigating Sexual Assaults
- ✓ PREA Form 115.373 Juvenile Notification of Investigative Outcome
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

The director described a process for notifying residents of the results of investigations that was consistent with the facility institutional plan. He related that youth are usually gone before youth can be notified.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee "Written Institutional Plan" explains the consequences of inappropriate relationships with staff on residents. Any

staff/contractor/volunteer who engages in sexual abuse are prohibited from contact with residents and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Termination is the presumptive disciplinary sanction for staff. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed. This includes staff disciplinary history, sanctions imposed for comparable offenses by other staff with similar histories.

Terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations are reported to law enforcement agencies.

The facility reported that there were no staff that have violated facility sexual abuse or sexual harassment policies in the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Sequel Tuskegee Written Institutional Plan
- ✓ Written Policy and Procedures 13.8.1
- ✓ Written Policy and Procedures 1.29
- ✓ Disciplinary Sanctions for Sexual Misconduct
- ✓ Letter of Termination
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Interviews with staff indicated that termination would be the most likely disciplinary action for staff involved in a substantiated case of sexual misconduct or sexual abuse. They also stated that there have been no cases during the past 12 months in which a staff violated sexual abuse or sexual harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee explains the consequences of inappropriate relationships with the residents. Any contractors or volunteer who engages in sexual abuse are prohibited from contact with residents and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Volunteers and contractors are terminated for failing to keep confidential information regarding the resident and for failure to report any allegations of physical or sexual abuse.

The facility reported that no contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents in the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ PREA Form 115.332 Volunteer and Contractor Receipt of PREA
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ Reports to Law Enforcement
- ✓ Staff interviews

Interviews:

Interviewed staff related that any contractor or volunteer who engaged in sexual abuse would be immediately removed from any contact with any youth, have their services suspended and reported to law enforcement unless the activity was clearly not criminal. They would also be reported to any relevant licensing bodies. Staff reported that there have been no cases involving volunteers or contractors during the past 12 months.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Alabama Department of Youth Services policy give details of how a resident is disciplined if he engages in any type of sexual misconduct. A resident are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an admisistrative finding that the resident engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for youth-on-youth sexual abuse.

In the event a disciplinary sanction results in the isolation of a resident, the facility does not deny the resident daily large-muscle exercise or access to legally required educational programming or special education services. For the purpose of disciplinary action, a report of sexua abuse in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constiue falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The facility disciplinary process takes into consideration whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. The offending residents are offered therapeutic interventions and other activities designed to address and correct underlying reasons or movtinations for the abuse.

The facility reported that there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse within the past 12 months.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Juvenile Handbook (page 10)
- ✓ DYS Form 8.12 Critical Incident Report

- ✓ DYS Form 8.12.1 Critical Incident Initial Debriefing
- ✓ DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing Report
- ✓ Student Disciplinary Report
- ✓ Student Disciplinary Hearing Report
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ Crisis Intervention Treatment Notes
- ✓ PREA Form 115.371.1 Investigative Outcome
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Interviews indicated that youth whose violations were clearly not criminal would be sanctioned through the disciplinary process at the facility. Any sanctions would be the result of a finding in a due process hearing. If the violation was criminal the youth would be referred for prosecution. If a youth is placed in disciplinary isolation he/she would still receive their educational services, including special education, daily large muscle exercise and daily visits from medical or mental health.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy 13.8.1, prescribes how a resident that is at risk of being victimized, aggressive, at risk of victimizing other residents or aLGBTI resident are housed according to the information gathered from the Intake Screening. The policy states, “Facilities shall use all information obtained from Department of Youth Services Form 115.341 Intake Screening, and subsequently, to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.”

Sequel Tuskegee Written Institutional Plan, page 17, requires a follow-up to be conducted within 14 days if prior victimization is reported or detected during the Intake Screening. 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, the assigned therapist have a follow-up meeting with the resident within 14 days of the intake screening. Consultation with other medical and mental health staff are determined by the Program Director.

Any information related to sexual abuse, sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed, education, and program assignments.

For resident 18 years or older, medical and mental health staff obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility uses the Consent for Release of Resident Information form to document the required information.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1

- ✓ Code of Alabama
- ✓ PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- ✓ Treatment Notes
- ✓ DYS Form 115.381 Clinical Services Consent to Treatment
- ✓ PREA Form 115.381.1 Mental Health File Access Register
- ✓ PREA Form 115.381a Consent for Release of Information
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

An interview with mental health staff indicated that if a youth reports prior sexual victimization he/she will be seen by mental health or medical within 14 days. They also related that it would usually be the same day or next. Interviews with medical and mental health also indicated that there have been no allegations of prior sexual victimization during the past 12 months.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy 13.8.1, ensures that youth receive timely access residents receive timely 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 judgement. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff contact the supervisor, staff first responders take preliminary steps to protect the victim and evidence and immediately notify the appropriate medical and mental health practitioners.

Sequel Tuskegee procedure requires medical staff to ensure to ensure that the hospital and/or the local Rape Crisis Center provider takes a medical history in addition to conducting the forensic examination and document the extent of any physical injury. Necessary referrals for additional medical services documented.

Treatment services are provided to the victim without financial cost.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Rape Crisis Center/Child Advocacy Center Memorandum of Agreement
- ✓ PREA Form 115.364 First Responder Checklist
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ PREA Form 115.321 Victim Advocate Receipt of PREA
- ✓ PREA Form 115.382 Patient Consent to Treatment Form
- ✓ Emergency Medical Treatment Notes
- ✓ Crisis Intervention Treatment Notes
- ✓ Staff interviews

- ✓ Youth Interviews

Interviews:

Interviews with medical and mental health staff confirmed a process in which a victim of a recent sexual abuse would be seen at medical immediately for any treatment need prior to sending them out to the Opelika Hospital where SAFEs and SANEs are available to conduct medical exams and secure forensic evidence. They also related that the Rape Crisis Center would then send an advocate to be with the youth and provide crisis intervention and support throughout the exam and other proceedings. An interview with the Rape Crisis Center staff confirmed that they would provide an advocate. They stated they would prefer the facility call them first before they reach the hospital to give them time to get an advocate to the hospital when the youth arrives.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The facility has a MOU with Rape Counselors of East Alabama providing victim advocate for any victim sexual assault in Lee and Macon Counties. Rape Counselors of East Alabama agree to provide any and all services that are need to any victim of sexual assault. The facility, as appropriate, treat all residents who have been victimized in any facility, follow-up services, treatment plans and when necessary, referrals for continued care following the resident transfer or release form the facility.

When the resident returns to the facility, Sequel Tuskegee staff ensures that the resident victim and the aggressor receive follow-up testing to include, but not limited to gonorrhea, chlamydia, syphilis as determined by the physician.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Medical Mental Health Records
- ✓ Treatment Notes
- ✓ Test Results
- ✓ MOU with Rape Crisis Center / Child Advocacy Center
- ✓ Mental Health Status Evaluation
- ✓ Staff interviews
- ✓ Youth Interviews

Interviews:

Interviews confirmed the Rape Crisis Center would provide advocates to work with the youth on an ongoing basis. Additionally the youth would receive mental health counseling at the facility and/or in the community as needed. Medical would also provide needed and requested services commensurate with the doctor's orders.

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy 13.8.1, and the Facility Written Institutional Plan outlines how Sexual Assault/Abuse Reviews are conducted. The facility PREA Compliance Manager conducts the sexual abuse incident review using Alabama Department of Youth Services Form 115.386, Sexual Abuse Critical Incident Review, within 30 days or 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. The information is reviewed by the facility review team. The review team includes upper-level management officials, with input from line supervisors. The team is composed of department heads from all areas of the facility operations.

The PREA Compliance Manager prepares the report of findings, make recommendations for improvement and submit the report to the facility Director and the Alabama Department of Youth Services PREA Coordinator. The facility implement the recommendations for improvement, if not, documentation of reasons for not doing so.

The Review Team consider all requirements for the PREA standard.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ DYS Form 8.12.1 Critical Incident Two week Follow up Debriefing
- ✓ PREA Form 115.386 Sexual Abuse Critical Incident Review
- ✓ Staff interviews

Interviews:

The PREA Compliance Manager related that the facility does conduct incident reviews. The committee, she stated, is composed of the PREA Compliance Manager, case manager, law enforcement, investigations and counselor. She stated the committee would meet as soon as results from the investigation have been received. The process, she indicated, would include reviewing video footage, actually looking at the area where the incident occurred to see if there were blind spots, reviews of staffing at the time of the incident and other relevant factors. Based on that review corrective actions would be developed as needed or indicated.

Standard 115.387 Data collection

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The facility collects 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, as the standardized instrument and definitions along with Alabama Department of Youth Services Critical Incident Report Form.

Upon request, Sequel Tuskegee provides all program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year of the U.S. Justice Department’s Survey of Sexual Violence, Form SSV-5.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ U.S DOJ Form SSV-I Survey of Sexual Violence Reporting, Incident Form (Juvenile)
- ✓ Annual Survey of Sexual Violence
- ✓ Annual Data Review
- ✓ Staff interviews

Interviews:

The facility director and PREA Compliance Manager related how information is collected via incident reports to generate monthly reports as well as how it would be used to analyze trends and assist in planning.

Standard 115.388 Data review for corrective action

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Policy 13.8.1, outlines how the facility and/or agency will review and make public the annual report. The Alabama Department of Youth Services and the Sequel Family and Youth Services website are designed to give the public the requirement PREA information. The Alabama Department of Youth Services (ADYS) PREA Coordinator and the Sequel Tuskegee PREA Compliance Manager annually reviews data collected and aggregated in order to assess and improve the effectiveness of the ADYS sexual abuse prevention, detection, response polices, practices, and training.

Sequel Tuskegee’s PREA implementation process started in 2014. The facility complete the annual report at the end of 2014 with all required information.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ DYS Form 8.12.1 Critical Incident Initial Debriefing
- ✓ SYS Form 8.12.2. Critical Incident Two Week Follow up Debriefing
- ✓ Annual Data Review
- ✓ Annual Facility PREA Report
- ✓ Annual DYS PREA Report
- ✓ Staff interviews

Interviews:

The PREA Compliance Manager related that incident reviews are conducted to review incidents to determine if there were violations of policy, motivations for the incident, staffing at the time of the incident and other factors with the goal of developing, as needed, a corrective action plan.

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Sequel Tuskegee will publicize all required data as it relates to sexual abuse on the Alabama Department of Youth Services (ADYS) and the Sequel Family and Youth Services website. All reports will be maintained and stored as required per ADYS Policy 13.8.1. The program removes all personal identifiers before making aggregated Sexual Abuse data publicly available.

All incidents associated with sexual abuse and sexual harassment, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the record retention schedule or at least ten (10) years after the date of initial collection.

Full Compliance with the Standards was determined by reviewing the following documentations and interviews:

- ✓ PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- ✓ Sequel Standard Compliance Checklist
- ✓ Written Policy and Procedures 13.8.1
- ✓ Records Retention Schedule
- ✓ Annual PREA Report Published on DYS Website
- ✓ Staff Interviews

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Adam T. Barnett, Sr.

July 30, 2015

Auditor Signature

Date