

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 10, 2017

Auditor Information			
Auditor name: Adam T. Barnett, Sr.			
Address: P.O. Box 20381			
Email: Adam30906@gmail.com			
Telephone number: 706-550-7978			
Date of facility visit: May 31 – June 1, 2017			
Facility Information			
Facility name: Sequel TSI Owens Cross Roads			
Facility physical address: 318 Hamer Road, Owens Cross Roads, AL. 35763			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 256-725-7170			
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 checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Bette Moore			
Number of staff assigned to the facility in the last 12 months: 53			
Designed facility capacity: 42			
Current population of facility: 32			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 12 - 18			
Name of PREA Compliance Manager: Kelsi Waller		Title: PREA Compliance Officer/Quality Assurance	
Email address: Kelsi.Waller@sequelyouthservices.com		Telephone number: 256-725-7170 ext 207	
Agency Information			
Name of agency: Alabama Department of Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Sequel Youth and Family Services			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: John Stupak		Title: Chief Executive Officer/President	
Email address: jstupak@sequelyouthservices.com		Telephone number: 215-284-5043	
Agency-Wide PREA Coordinator			
Name: Sonya Schierling		Title: Quality Manager/PREA Coordinator	
Email address: Sonja.schierling@sequelyouthservices.com		Telephone number: 941-526-8763	

AUDIT FINDINGS

NARRATIVE

Methodology

The PREA audit of Sequel TSI Owens, a facility operated by the Sequel Youth and Family Services and contracted by the Alabama Department of Youth Services, was conducted on May 31, 2017. The facility posted the required PREA audit notice of the upcoming audit sixty days prior to the audit for resident's confidential communications. As of May 29, 2017, there were no communications from residents or staff. The Pre-Audit Questionnaire was completed by the facility and sent to the Auditor as required. The PREA Compliance Manager confirmed that all information on the Pre-Audit Questionnaire was accurate.

The audit process was a team approach. The Audit Team completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided via email and flash drive. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted and emails were exchanged with the facility.

The Audit Team consisted of Adam T. Barnett, Sr., Certified Juvenile and Adult PREA Auditor and Latera Davis (Associate). Mrs. Davis currently works as the Director of Victim and Volunteer Services for the Georgia Department of Juvenile Justice. She is a Licensed Clinical Social Worker, Certified Child Forensic Interviewer, Certified Victim Advocate, Certified Juvenile Sex Offender Counselor, and POST Instructor Trainer, as well as a Certified Peer Grant Reviewer for the Department of Justice Programs.

On Wednesday, May 31, 2017 the Facility Program Director met the Auditor at 5:50AM to begin the on-site visit.

Welcomes were given by the Facility Acting Program Director and other Direct Care Staff. The PREA Auditor was introduced and the PREA Audit Agenda was reviewed and released. Additional pre-audit information requested weeks prior to on-site visit was obtained. The Auditor began the facility tour and Latera Davis began interviewing Direct Care Staff from the third shift.

Site Tour

On the first day of the audit after meeting the Facility Acting Program Director, the PREA Auditor toured the physical plant escorted by the Facility Acting Program Director and the Executive/Regional Director. The Auditor spoke informally with 6 staff and 10 residents during the tour which covered housing and common areas of the facility, day areas, classroom areas, shower and toilet areas. The Auditor noted video camera placement throughout the facility and reviewed the video monitoring setup in the control room areas. Notices of the PREA audit were posted throughout the facility as required by the Auditor and the National PREA Resources guidelines.

During the tour of the physical plant, the Auditor observed the location of cameras, staff supervision of residents, living units. The sleeping rooms, toilets and shower were in community areas, placement of posters and PREA informational resources, security monitoring, resident's movement procedures, and resident's interaction with staff. The Auditor noted that toilet and shower areas did not completely allow inmates to use the bathroom and shower in complete privacy from other residents and staff direct viewing. This concern regarding the shower and toilet shower curtains, with additional concerns will be discussed in the standards details.

The Auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The laundry room had no blind spots. Residents were fed in their dining area. All office doors in the Administration area did not have safety windows, however, the facility explain when residents are in a administrative office the doors are open. The gym and the recreation yard had cameras and residents were well behaved during the tour.

Each living unit provides basic furnishings, common TV area, showers and toilets located in a community setting. All resident showers and toilets have shower curtains. The Auditor has concerns regarding the direct viewing by other when residents are showering or using the toilets. This concern is addressed in standard 115.315.

Sampling Interviews and Staff Contact

The audit work plan was discussed, random samples of residents and staff were selected, and specialized staff was identified. Agency and facility staff selected for interviews included:

- Sequel Agency PREA Coordinator (Interviewed by Phone)
- Executive Director/Regional Director
- Facility PREA Compliance Manager
- Higher Level Facility Staff (PREA Unannounced Rounds)
- Lead Medical Staff
- Lead Mental Health Staff
- Human Resources Administrator
- Volunteer
- Contractor
- Investigator (Department of Human Resources)
- Staff who Conduct PREA Screenings
- Staff who Supervise Inmate Segregated Housing
- Incident Review Member
- Staff Monitoring Retaliation
- First Responder (Non-Security Staff)
- First Responder (Security)
- Intake Staff
- Random Correctional Officers 1st Shift = 5
- Random Correctional Officers 2nd Shift = 4
- Random Correctional Officers 3rd Shift = 3
- Random Staff Met/PREA During Facility Tour = 6
- New Staff during Orientation = 4

Fifty-three (53) staff members were employed at the facility as of the May 31, 2017. Thirty (30) staff members were formally interviewed, some staff was interviewed twice or more using the Department of Justice audit questions that are included in the overall staff count; the Auditor interacted with six (6) staff members during the facility tour, and spoke with four (4) new hires during their orientation.

Sampling Interviews and Residents Contact

For random resident interviews, the PREA Compliance Manager provided the Auditor with lists of residents organized by housing unit. The Auditor randomly identified residents according to each housing unit and the staff arranged for those residents to be available for the required interviews.

- Random In/mate Interviews= 11
- Disabled – 0
- Limited English Proficient Inmates (use facility interpreter) - 0
- Transgender - 0
- Intersex Inmates - 0
- Inmates in Segregated Housing - 0
- Inmates who Reported Sexual Abuse - 1
- Inmates who Disclosed Prior Sexual Victimization - 1
- Gay or Bi-Sexual – 0
- Lesbian or Bi-Sexual - 0
- Random Residents Met/PREA During Facility Tour = 10

On May 31, 2017 the resident census reported the population count was 32 (22 Alabama Department of Youth Services (DYS) youth and 10 Alabama Department of Human Resources (DHS) youth) and the total bed capacity is 42. The age range of the population is 12 to 18. Eleven (11) residents were formally interviewed by the Associate. The Auditor interacted with ten (10) residents during the facility tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Sequel Youth and Family Services Mission Statement:

“Our mission is to prepare our clients to lead responsible and fulfilling lives by providing mentoring, education, and living support within a safe, structured, dynamic environment – whether on one of our campuses, in the community, or in their own homes.”

The Sequel TSI Owens Mission Statement:

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

Student Profile:

- Females, age 12 to 18 years old
- Full-scale IQ above 70
- Impulsive/irresponsible behavioral tendencies
- Denies and/or justifies negative behavior
- Has problem with anger and aggression
- Demonstrates a low degree of empathy
- Lacks self-discipline
- Exhibits poor coping skills
- Is non-compliant with authority
- May have been adjudicated by the Juvenile Justice System

The interviewed residents and staff indicated that the Owens facility was a safe place.

Facility Background

Sequel Youth and Family Services is a privately owned company that develops and operates programs for people with behavioral, emotional, or physical challenges.

Sequel TSI Owens was established in 1996 as a residential treatment facility serving females assigned to the program by the Alabama Department of Youth Services, after being adjudicated in the state of Alabama. A separate unit is dedicated to serving females placed by the Alabama Department of Human Resources for intensive care and treatment. Sequel TSI Owens is a Medium Risk Secure Facility with 42 beds with 32 licensed by the Alabama Department of Youth Services and 10 beds licensed by the Alabama Department of Human Resources.

Facility Accreditations

The Owens school program is recognized by the state of Alabama as a state supported school and is accredited by the AdvancEd/SACS-CASI, wherein all teachers hold Alabama teaching certifications.

The facility was ACA Accredited, but reported no current ACA accreditations.

Security Supervision

Direct Care staff provides security supervision. The security perimeter consists of no wire fences around the facility. A control center in the front lobby monitors all traffic entering and exiting the facility. Numerous cameras control the perimeter and are placed throughout the facility to monitor security. The doors are open by staff with a key. The facility has one entry point; the front of the building is where staff and visitors enter. The staff to youth ratios is 1:8 during wake hours and 1:12 during sleep hours.

Facility Demographics

- The facility's rated capacity = 42
- Actual population on the first day of the onsite audit = 32
- Number of Females Housed = 32 (22 DYS and 10 DHR)
- Number of males Housed = 0
- Custody/Security Level in the facility = Medium
- General Medical Services = On-site
- Mental Health Services = On-site
- Investigation = Off-Site (May be conducted by DYS, DHR or Local Law Enforcement)

Programming Options

Owens offered youth two program options:

1. Intensive Therapeutic Long-Term Program for Females 13-18 years of age.

Owens also provides career/basic living/ life skills education assists us in preparing residents to complete more competently and confidently upon completion of the program. This curriculum prepares residents for life outside of secured residential settings by teaching specific skills and building self-esteem through a variety of activity.

There are also recreational activities, religious, and social services available.

SUMMARY OF AUDIT FINDINGS

The Auditor conducted an exit conference with the agency and facility officials on Monday, May 31, 2017. Agency officials, facility officials, and staff were very open and receptive to an honest discussion regarding areas where PREA compliance needs to be strengthened. The Facility Program Director began corrective action on each provision immediately. Present at the exit conference:

- Executive Director/Regional Administrator
- Facility Acting Program Director
- Facility PREA Compliance Manager
- Adam Barnett, Auditor
- Later Davis, Associate

The following are concerns shared with the facility:

- Unannounced Rounds
- Showers and Toilets

Specific detail about deficiencies and corrective actions regarding these findings appears in the standard-by-standard discussions in the main body of the report.

The standards are rated as exceed, met, not met, or not applicable. Most standards have between 1 – 15 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The Auditor used the Department of Justice Final Rule Prisons and Jail PREA Standards published in May 17, 2012. Forty-one (41) Juvenile Standards were audited.

The Executive Director/Regional Administrator and the Facility PREA Compliance Manager were very knowledgeable about the PREA requirements and the implementation of processes and systems.

Specific detail about deficiencies and corrective actions regarding these findings appears in the standard-by-standard discussions in the main body of the report. If the facility completes all concerns within the 45 days before the Auditor released the primary report, then the report will be reviewed as the final report.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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.

This standard directs the agency to adopt a zero tolerance policy for sexual abuse and harassment.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- Facility PREA Compliance Manager Letter – May 12, 2017
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Organizational Chart
- Owens Facility Organizational Chart
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Sequel TSI Owens Policy #13.8.1, Protection from Sexual Abuse and Assault mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlined the agency’s approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agency policy outline is found in section 1 page 1. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.
- (b) The Sequel TSI has established a full time position for an agency wide PREA Coordinator. Agency designates an upper level PREA Coordinator for the company who has sufficient time and authority to develop, implement and oversee all Sequel TSI efforts to comply with the PREA Standards in all of its facilities. The agency operates more than one facility; each of Sequel TSI facilities are required to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Standards.
- (c) The Owens facility has a designated PREA Compliance Manager. An interview indicated that he has a great deal of correctional experience and sufficient time and authority to coordinate the facility’s effort to comply with the PREA Standards.

Corrective Action and Verification: None

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.

This standard directs the agency who has facilities for the housing of residents at other locations.

This standard is rated non-applicable.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Professional Service Contract between Alabama Department of Youth Services and Sequel TSI of Alabama, LLC.
- Alabama Contract Review Report
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Sequel TSI Family and Youth Services is the private agency that has authority with direct responsibility for the operation of Owens location that confines residents. Therefore, the Sequel TSI Owens does not have authority to contract with other entities for the confinement of residents. Interviews with the Facility PREA Compliance Manager and the Executive Director/Regional Director indicated that the facility does not and has not contracted any other entity for the confinement of residents.

A review of the Pre-Audit Questionnaire, and confirmed by staff interviews, showed that there were zero contracts for the confinement of residents that the facility entered or renewed with private entities or other government agencies since the last PREA audit.

Corrective Action and Verification: None

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.

This standard directs the facility in how to monitor and supervise residents as it relates to PREA.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- Sequel TSI Owens Policy: 3000.23 Resident Observation
- Variable Staffing Plan (DYS and DHR Combined)
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Sequel TSI Owens Administrative Site Visit: Unannounced Rounds
- Facility Staff Work Schedules
- Daily Population Reports
- Facility Vulnerability Assessments
- Facility Roster
- PREA Form 115.113 Supervisory Monitoring Log
- Annual Review of Staffing Assessment (DYS 115.332)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Higher Level Facility Staff

Findings (By Provisions):

(a) The Owens Facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against abuse. An interview with the Executive Director indicated that the facility takes into consideration the 11 requirements in standard 115.13 (a) – 1:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacies from Federal Investigative agencies;
- Any findings of inadequacy from internal and external oversight bodies;
- All components of the resident population;
- The composition of the resident population
- The number and placement of supervisory staff; institution programs occurring on a particular shift;
- Any applicable State or Local Laws, Regulations or Standards;
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

(b) An interview with the Executive Director revealed each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Cameras are strategically located to supplement

staffing and to enhance supervision of residents. There are approximately 11 plus cameras deployed. The auditor is not going to provide further information related to these because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside the facility fence and outside.

The Owens Facility has cameras installed. Cameras have been placed in all housing units, common areas and hallways. Cameras can be viewed in the control center.

(c) The Sequel TSI Owens policy and the interview with the Facility PREA Compliance Manager revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing plan to see whether adjustments are needed in:

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

The Executive Director and PREA Compliance Manager, in interviews, confirmed the process for conducting annual reviews. A review of the Pre-Audit Questionnaire and confirmed by staff interviews, the average daily number of residents on which the staffing plan was predicated is 42 beds.

(d) Interviews with the Facility Management Team and documentation reviewed revealed that the intermediate level and/or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Sequel TSI Owens policy requires unannounced rounds to be performed on all shifts and all areas of the facility occupied by residents.

When announced rounds are being conducted, the Sequel TSI Owens policy directs staff not to alert other staff. Interviews with some intermediate level staff indicated that unannounced rounds occur on all shifts throughout the facility to include housing units, kitchen, booking, laundry, and any area where residents have access to.

The facility provided documentation to confirm unannounced rounds are being conducted. Unannounced rounds are documented using the Administrative Site Visit: Unannounced Rounds form. The documentation reviewed from the Administrative Site Visit: Unannounced Rounds form needs more detail.

Corrective Action and Verification:

Concern #1: A review of the Administrative Site Visit: Unannounced Rounds documentation need more details covering the actions of the rounds.

The PREA Compliance Manager and Facility Program Director corrected this concerns by issuing a directive to all staff conducting unannounced PREA rounds to details in documenting such rounds.

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.

This standard directs the facility about how it treats transgendered and intersex residents in regards to cross-gender strip searches or cross-gender body cavity searches.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy, 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 3000.8 Control of Contraband
- Sequel TSI Owens Policy, 3003.46 Staff Conduct with DYS Students of the Opposite Sex
- Sequel TSI Owens Policy, 9.10 Searches
- In-Service Staff Training Roster
- Prison Rape Elimination Act (PREA) Power Point
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.315 Cross Gender Strip Searches
- PREA Form 115.315 Cross Gender Pat-Down Searches
- Shift Duty Assignments
- Medical Reports (Medical Examination of Transgender or Intersex Juvenile)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Non-Medical Staff Cross Gender Searches (Officer)
 - o Random Residents

Findings (By Provisions):

- (a) The Sequel TSI Owens policy directs staff not to conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Documentation review indicated that Owens reports no exigent circumstances for this audit period. The facility maintains a log book to document when exigent circumstances occur. The facility's search policy prohibits female staff from conducting strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel. Facility documentation also indicated that no female staff member has been authorized to conduct the above searches within the PREA audit period. Interviewed staff related female staff does not conduct cross-gender pat searches on male residents. Interviews with residents confirmed that none of them had been strip searched by a female officer.
- (b) Staff interviews and facility documentation indicated that all cross-gender strip searches and cross-gender visual body cavity searches will be documented. The facility houses female residents only.
- (c) The Sequel Youth and Family Service policy, requires Owens to implement policies and procedures that enable residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell or bed checks. Interviewed residents stated they are never naked in full view of staff and are provided privacy while changing clothes, showering and using the restroom.

- (d) According to staff interviews and documentation review, the facility has housed zero transgender residents within the past 12 months. Sequel Youth and Family Services directs staff not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility may determine during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- (e) The staff received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and receive search training consistent with the Sequel Youth and Family Services policy. The PREA Compliance Manager confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire, and confirmed by staff interview, showed that in the past 12 months there were zero cross-gender strip and visual body cavity searches of residents.

Overall Interview Results:

Twelve (12) security staff, representing staff from all three shifts, was interviewed. One hundred percent (100%) of staff interviewed indicated that cross-gender pat searches were not conducted. While they are not prohibited, such searches would only occur in exigent circumstances. None of the interviewed staff could recall a circumstance that warranted a cross-gender pat down search. One hundred percent (100%) of the interviewed staff stated that they were trained on conducting cross-gender pat searches and that training occurred when initially hired and for those staff who have been employed more than a year during annual PREA refresher training. The interviewed security staff reported that the facility prohibits security staff from conducting searches to determine a resident's genital status.

Eleven (11) residents were interviewed. Seventy-five (75%) percent of the residents interviewed reported that staff announce the presence of male staff when they are entering the housing areas. All the residents reported that no one can see them when they are showering, using the toilet, or changing clothes. One hundred percent (100%) of the residents reported that male staff never perform pat down searches of their body.

One hundred percent (100%) of the interviewed staff reported that when male staff enters a housing unit that houses female residents their presence is announced. All residents can dress shower and toilet without being viewed by staff of the opposite gender. When female residents are showering, the male staff leaves the housing area.

Corrective Actions and Verifications:

Concern: During the facility tour the Auditor reported that the staff and other residents can view resident taking showers or using the toilets in full view through the curtain patterns.

The facility replaced the curtains with "PREA friendly" shower curtains that provide a view of the youth's upper body (shoulder and head) and lower body (Knees to feet) while the middle of the curtain prevents viewing of the youth's mid-sections. The Auditor agreed.

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.

This standard directs the facility to ensure that residents who are limited English proficient and residents with disabilities be afforded the same equal opportunities to participate in or benefit from the facility's effort to prevent, detect, and respond to sexual abuse or harassment.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- What you should Know About Sexual Abuse & Assault
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA 115.331 Staff Receipt of PREA
- Residents Handbook
- Translation Language Telephone Line
- PREA Posters (English & Spanish)
- PREA Video (English)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Random Residents
 - o Disabled Residents
 - o English Proficient Residents

Findings (By Provisions):

- (a) The facility has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. To ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The Sequel TSI Owens provided residents with disabilities access to interpreters by providing access to interpreters who can interpret effectively, accurately, and impartially, using receptively and expressively, specialized vocabulary. The facility may read the PREA information to the resident.

- (b) The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and documentation indicated that onsite interpreters are provided for Spanish speaking residents. The Facility PREA Compliance Manger keeps a list of multi-lingual staff at the facility that would be able to provide translation for any PREA related issue. Outside interpreting services are available to the resident population as dictated by policy and customer requirements.
- (c) The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties, or the investigation of the resident’s allegations. Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months there were zero instances where resident interpreters, readers, or other types of resident assistants have been used.

Overall Interview Results:

One hundred percent (100%) of the interviewed security staff reported that resident interpreters are not allowed and that an outside entity would be contacted to assist if necessary. Three (3) of the staff reported that a resident interpreter would be limited to serving as a 3rd party interpreter and an outside entity would also be contacted for assistance. The outside entity described was the local Child Advocacy Center.

There were no disabled or limited English speaking residents housed at the facility during the time of the audit.

Corrective Action: None

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.

This standard directs the facility in hiring and promotional practices in regards to PREA.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Code of Conduct and Compliance Plan
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA 115.331 Staff Receipt of PREA
- PREA 115.317 Pre-Employment Questionnaires
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Human Resource Staff)

Findings (By Provisions):

- (a) The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents as listed in this standard to include the following provisions:
1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 3. Has been civilly or administratively adjudicated to have engaged in the activity described in number 2.

The Sequel Youth and Family Services policy requires Owens to ask the three questions at the initial interview. Owens uses the Alabama Department of Youth Services form 115.317 PREA Employee Questionnaire to document all responses.

- (b) The facility considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of contractors, that may have contact with residents.
- (c) The Sequel Youth and Family Services policy directs Owens before hiring new employees that have contact with residents are to complete a criminal background records checks and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation of an allegation of sexual abuse.
- (d) The facility conducts criminal background records checks every five years of current employees and contractors who have contact with residents. The facility human resources manager oversees an updated background check every five years on current employees. An interview with the HR Manager indicated that all vendors/contractors and volunteers NCIC checks must be approved by the Bureau of Prison each year.
- (e) The facility asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The facility

also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

- (f) The Sequel Youth and Family Services policy prohibits staff from deliberate omission or falsification of information related to sexual abuse or harassment on the part of the applicant/new hire will result in exclusion for consideration or termination.
- (g) Interviews with the HR manager indicated that the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for the employee that has applied to work. An interview with the HR manager indicated during this audit cycle there were no such requests.

Corrective Action: None

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.

This standard directs the agency when considering upgrades to its facility or technologies.

This standard is rated non-applicable.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

Interviews and facility documentation indicated that the Owens facility has not had any substantial expansion upgrades. The facility has added major surveillance cameras to the video system.

- (a) According to the Sequel Youth and Family Service policy, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse.

- (b) According to the Sequel Youth and Family Service policy, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect residents from sexual abuse.

Corrective Action: None

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.

This standard directs the facility's evidence protocol and forensic medical examinations as it relates to PREA.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1.29 Special Investigation Unit
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.321 Victim Advocate Receipt of PREA
- Victim Advocate (Alabama Coalition Against RAPE)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff
 - o Random Officers
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The Facility Administrator or facility PREA Compliance Manager is responsible for conducting or referring to law enforcement, administrative or criminal sexual abuse investigations to include resident-on-resident sexual abuse or staff misconduct. The Facility Administrator follows up to insure that all investigations are completed. The Alabama Department of Youth Services Special Investigators or local law enforcement follows a uniform evidence protocol when conducting a sexual abuse investigation.

The Code of Alabama regarding mandatory reporting, Sequel Youth and Family Services reports any allegations of sexual abuse to the Department of Human Resources for administrative and investigative purposes. The

Department of Human Resources assigns an Investigator who then contacts Law Enforcement, Crisis Service Center, Child Advocate, and Forensic Interviewer.

The Facility PREA Compliance Manager reviews all grievances, allegations for resident-on-resident sexual abuse assault, misconduct or harassment. Both Department of Youth Services and/or the Department of Human Resources Investigators investigates all allegations promptly, thoroughly, and objectively to include all third party and anonymous reports.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Department of Human Resources Investigator, Department of Youth Services and/or the Facility are responsible for all notifications that involve the local Law Enforcement or Prosecutor. The Investigator forwards all reports and information to Law Enforcement or Prosecutor for review and disposition.

The Sequel TSI Owens facility requests that law enforcement or any other agency with the authority to conduct criminal investigations follows the PREA investigations standards.

- (b) Sequel TSI Owens has a Memorandum of Understanding with the Alabama Coalition Against Rape. If an incident or allegation of sexual abuse is discovered or reported within 96 hours of the incident. The Sequel TSI Owens will contact the local rape crisis center and transport the victim of sexual abuse to the designated hospital for a forensic medical exam and to meet with a rape crisis advocate from Alabama Coalition Against Rape.

The Sequel TSI Family and Youth Services policy requires that the Sequel TSI Owens medical staff ensures that the outside medical facility who examines the victim is a medical professional who is skilled and experienced in the use of a rape kit for the collection of forensic evidence. All victims of sexual abuse are offered access to forensic medical examinations. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) through a contract with the North Alabama Rape Crisis Center.

The protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

If there was a sexual abuse allegation, interviewed staff indicated that the facility will offer all victims of sexual abuse access to forensic medical examinations at an outside hospital, without financial cost. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs). If SAFEs cannot be made available, the examination is performed by other qualified medical practitioners at the hospital. The facility documents its efforts to provide SAFEs or SANEs through the MOU with the local Rape Crisis Center.

- (c) The facility makes available to the victim a victim advocate from the North Alabama Rape Crisis Center. If a rape crisis center is not available to provide victim advocate services, the facility makes available a qualified staff member from a community-based organization, or a qualified facility staff member, to provide services. The facility provided documents that showed efforts to secure services from rape crisis centers.
- (d) Interview with the Facility Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the Investigator or designee to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months zero forensic medical exam were conducted.

Overall Interview Results:

All the interviewed staff could identify one person who was responsible for PREA related investigations. One hundred percent (100%) of the staff identified Madison PD as the responsible party to investigate PREA related allegations. In addition, several staff reported Madison County Department of Human Resources along with the local Child Advocacy Center.

One hundred percent (100%) of the staff could describe a detailed process and steps required to protect physical evidence; which included but not limited to: notifying the supervisor, securing the area, separating the victim and perpetrator, protecting the physical evidence, not allowing the victim to shower or brush teethe, and immediately seeking medical attention.

One resident interviewed reported that they have been sexually harassed since being placed at the facility. The resident stated that the report was made to at least seven staff at the facility. She reported that she wrote a grievance and no one ever responded to her allegations. The information was reported by the interviewer to the Executive Director and immediate action was taken to respond to the allegation upon conclusion of the interview. The alleged perpetrator was no longer at the facility, however, Owens Residential Center Administration filed a report with Madison County Department of Human Resources. As reported by Administrative staff, further review could not identify any evidence that the resident filed a grievance or notified anyone of her concerns.

Corrective Actions and Verifications: None

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.

This standard directs the facility's efforts at referring allegations for investigations to an appropriate investigatory agency for all sexual abuse or harassment allegations.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

- Random Officers
- Facility Investigator

Findings (By Provisions):

- (a) According to interview with the Facility Investigator, the facility referrals all allegations to the Department of Youth Services and Department of Human Resources and documents all referrals. The facility also ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct.

The initial investigation begins immediately. The Alabama Department of Youth Services and/or the Department of Human Resources use a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with policy, the Facility Administrator and/or the Facility PREA Compliance Manager are notified immediately and assume control of the investigation when appropriate. The Facility notifies the Alabama Department of Youth Services and Department of Human Resources.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

- (b) The Alabama Department of Youth Services and Sequel TSI Owens have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. The Investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- (c) If a separate entity is responsible for conducting criminal investigations, such publication describes the responsibilities of both the agency and the investigating entity. The Sequel TSI Family and Youth Service publish the policy on its website.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, during the past 12 months there one allegation of sexual abuse and sexual harassment that were received.

Corrective Action: None

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.

This standard directs the facility in its efforts to train all facility staff in the PREA requirements.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- Sequel TSI Owens Policy, 4.3.1 Sexual Abuse/Assault/Harassment Training
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Code of Alabama 1975 Section 26-14-3
- Employee Training Curriculum (PREA Power Point)
- PREA Form 115.331 Staff Confirmation of Receipt of PREA
- Training Roster
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers

Findings (By Provisions):

(a) The Facility has trained staff that has contact with resident in the following areas:

- Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities.
- DYS Policy 13.8.1
- DYS and Sequel TSI Owens have a zero-tolerance for sexual abuse and sexual harassment.
- How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevent, detection, reporting and response policies and procedures.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Recognizing red flags.
- The right of juveniles to be free from sexual abuse and sexual harassment.
- The right of juveniles and employees to be free from retaliation for the reporting of sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with juveniles.
- How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming juveniles.
- Understanding first responder duties
- Understanding shared information guidelines.

(b) Training is tailored to the gender of the residents and the employees at Owens. Review of policy revealed that staff receive additional training if the staff is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male residents.

- (c) All current employees have received training and the facility has provided each employee with refresher training every two years to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. Staff interviews earlier indicated that refresher training is a common practice during meetings.
- (d) The Facility documents, through employee signature using Department of Youth Services Form 115.331 Staff Confirmation of Receipt of PREA, that employee understand the training they have received. The facility also provided training rosters with staff and instructor signature, date and job title.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months there were 61 employees assigned to the facility who were trained on the PREA requirements.

Overall Interview Results:

Interviewed twelve (12) security staff that could articulate the topics covered in the PREA training. One hundred percent (100%) of the security staff reported being knowledgeable of the topics they had been trained in. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, specialized training (LGBTI, prior history of sexual victimization), relevant laws related to mandatory reporting and the age of consent, prevention and response protocol as well supportive services available to resident. Staff reported that they received training in pre-service and for those staff who had been employed more than one year, the also received PREA refresher training in annual in-service.

Corrective Action: None

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.

This standard directs facility's efforts to train volunteers and contractors in the PREA requirement.

Supporting Documents, Interviews and Observations

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Training Power Point
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

- Volunteer
- Contractor

Findings (By Provisions):

- (a) The Sequel TSI Owens trains all volunteers and contractors who have contact with residents on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. According to the PREA Audit: Pre-Audit Questionnaire the facility trained 1 volunteer and 3 contractor within the past 12 months. Volunteers and contractors receive the following training:
- Understand the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities.
 - Department of Youth Services Policy 13.8.1
 - Department of Youth Services has a zero-tolerance for sexual abuse and sexual harassment.
 - How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
 - The right of juveniles to be free from sexual abuse and sexual harassment.
 - How to avoid inappropriate relationships with juveniles.
 - Recognizing red flags.
 - Understanding first responder duties.
 - Understanding shared information guidelines.
- (b) Interviews and documentation indicated that the level and type of training provided to volunteers and contractors are based on the services they provide and the contact they have with residents. All volunteers and contractors are notified of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.
- (c) The facility maintains documentation confirming that volunteers and contractors understand the training they received. The Sequel TSI Owens documents volunteer and contractor training using the Department of Youth Services Form 115.332 confirming that volunteers and contractors understand the training they have received. The facility also provided the Auditor with rosters, which requires the volunteers, contractors and instructor signature and date.

Overall Interview Results:

One volunteer was interview and stated that they received PREA information and understand the zero policy report process as well as how to report sexual abuse incidents.

Corrective Action: None

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.

This standard directs the facility to provide during the intake process information regarding the facility's zero tolerance policy about sexual abuse and harassment and how to report sexual abuse and harassment.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA Form 115.333 What You Should Know About Sexual Abuse and Assault
- PREA Pamphlet 115.333.1 DYS Youth Safety Guide
- Power Point Presentation 115.333.1 PREA Orientation
- Residents Handbook
- PREA Posters (English & Spanish)
- PREA Video (English)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Intake Staff
 - o Random Residents

Findings (By Provisions):

(a) Staff interviews and documentation review indicated that during the intake process, residents receive information explaining the facility's zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The following is included in the facility orientation and resident education:

- Sequel TSI Owens has a zero tolerance policy against sexual assault/misconduct.
- Sexual assault can happen to females and males.
- Sexual assault can occur physically or verbally.
- Sexual assault occurs when a person physically touches or tries to touch another person's private parts; either on top or under the clothes.
- Verbal sexual abuse occurs when a person verbally threatens to touch the private parts of another person.
- Private parts include: penis, vagina, inner thigh, buttocks or breast.
- All persons are expected to immediately report any sexual assault, even if the assault happens to another person.
- All sexual assault will be investigated.
- Retaliation against a victim or the person who reported the sexual assault will not be tolerated.
- All victims and informants will be protected.
- False reporting of sexual assault will have consequences.

During intake, residents are given the resident handbook. During orientation, additional PREA related information is provided and the video is shown. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything that they do not understand.

(b) The facility provides comprehensive education to residents in person and through video regarding their rights

to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the residents within 30 days.

- (c) All residents at the Sequel TSI Owens received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.
- (d) Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides PREA Education in English and Spanish, to include resident handbooks and posters. A video is used during orientation as well as in the dorm setting.
- (e) The facility maintains documentation of resident participation in the education sessions by using the Department of Youth Services Form 115.333.1 Juvenile Receipt of PREA.
- (f) In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, and other written formats.

Overall Interview Results:

Eleven (11) residents were interviewed. All but one resident reported that they recalled receiving information upon intake and orientation regarding their right to not be sexually abused and harassed. Two (2) residents reported that they do not recall being told how they can make a report of sexual abuse or harassment. The residents also reported that they received additional information several days prior to the audit.

All the residents reported being aware of the PREA hotline and who to call if they were being sexually abused or harassed, however, several of the residents stated that they were not aware of the hotline information until the day before the audit. The residents are provided information regarding sexual abuse and harassment in the facility handbook and a PREA brochure. There are PREA related posters throughout the facility; however, the location and size did not make them easily accessible for viewing. The resident handbook covers the sites zero tolerance policies, how to report, and to be free from retaliation for reporting incidents. If necessary, the handbook is also provided in Spanish.

It is recommended that the handbook also have the telephone numbers for outside reporting and resources. It is also recommended that the residents receive periodic education awareness sessions discussing PREA related matters. The facility was very open in making the recommendation changes to the handbook and conducting refresher education for all youth.

Corrective Action: None

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.

This standard directs the specialized training requirements for investigators.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.334 Special Investigator Receipt of PREA
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Investigator

Findings (By Provisions):

- (a) In addition to the general PREA training provided to all employees, Owens does not have on site Investigators. The Department of Youth Services and the Department of Human resources have investigators training.
- (b) The Specialized training is overseen by the individual agencies Investigations Office. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.
- (c) The individual agencies maintain documentation of investigators having completed the required specialized training in conducting sexual abuse investigations. This training is documented using Department of Youth Services Form 115.334 Investigator Receipt of PREA.

Corrective Action: None

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.

This standard directs the facility to have each medical and mental health staff member go through additional specialized training beyond that given to all employees.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy, 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 4.3.1 Sexual Abuse/Assault/Harassment Training
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.335 Medical and Mental Health Receipt of PREA
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff

Findings (By Provisions):

- (a) Interview with the Medical and Mental Health staff indicated that full- and part-time medical and mental health care practitioners who work regularly in the facilities have been trained.
- (b) The medical staff at Owens does not conduct forensic examinations. The North Alabama Rape Crisis Center conducts all Sexual Assault Forensic Examinations. The North Alabama Rape Crisis Center examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.
- (c) The facility maintains documentation that medical and mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign in sheets was submitted to the Auditor. Owens also documents medical and mental health training using the Department of Youth Services Form 115.335 Medical and Mental Health Care Staff Confirmation of Receipt of PREA Specialized Training.

Corrective Action: None

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.

This standard directs the facility’s effort at gathering information within 72 hours of intake and periodically thereafter during confinement.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault

- Sequel TSI Owens Policy, 1000.12 Service Communication and Coordination
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- Medical Intake-Physical Exam Documentation
- Intake – Screening/Immunizations
- Intake – Screening History and Observations
- PREA Risk Reassessment
- PREA Form 115.341.1 PREA Risk Reassessment
- PREA Form 115.341.2 Guidelines for PREA Shared Information
- Interviews:
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents

Findings (By Provisions):

- (a) The facility assesses all residents during intake screening, to include residents that transfer from other prisons, for risk of being sexually abused.
- (b) Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the Owens facility. In addition, during intake screening, procedures require that staff review available documentation for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

Prior to receiving of a resident to the Owens program, the QA/Intake personnel are able to download resident information from the Department of Youth Services Student Information Management System. The information provides Owens with alerts, special housing information, risks, demographics, special needs, etc. This information is reviewed by the Intake personnel and is transferred to a pre-admission screening tool as a way to communicate between all shifts and all staff any special needs the juvenile may have or any special housing needs to be considered such as single occupancy rooms or special behavior observations.

- (c) The facility uses the Department of Youth Services Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization form as the objective screening instruments.
- (d) Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness includes the following:
- Whether the resident has a mental, physical, or developmental disability;
 - The age of the resident;
 - The physical build of the resident;
 - Whether the resident has previously been incarcerated;
 - Whether the resident’s criminal history is exclusively nonviolent;
 - Whether the resident has prior convictions for sex offenses against an adult or child;
 - Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - Whether the resident has previously experienced sexual victimization;
 - The resident’s own perception of vulnerability; and
 - Whether the resident is detained solely for civil immigration purposes.

The PREA Intake Objective Screening Instrument has the required criteria. The results of the assessment are documented on the Screening Form whether the resident is vulnerable or sexually aggressive. The original form is placed in the resident administrative file.

- (e) Interviews and documentation reviewed indicated that the staff reassesses the resident’s risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the facility if the resident is identified at risk for victimization or for being at risk for being sexually abusive.
- (f) Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d) or on the screening instrument.
- (g) The facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents as described above.

Overall Interview Results:

All the interviewed residents have entered the facility within the past 12 months. All but one (1) interviewed resident could recall if they were asked questions about prior sexual history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, had a disability, or felt in danger of sexual abuse. These questions were asked upon arrival and during the intake process. Fifty percent of the interviewed could recall being asked by the Director or Counselor the same type of questions since intake. It should also be noted that a majority of the interviewed residents have been housed at the facility in less than 60 days of the date of the audit.

Corrective Action: None

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.

This standard sets forth guidelines for the use of screening information that is used in making housing, programming, bed, education, and work assignments.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)

- PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- PREA Risk Reassessment
- PREA Form 115.341.1 PREA Risk Reassessment
- PREA Form 115.341.2 Guidelines for PREA Shared Information
- PREA Form 115.342 Housing Unit Placement
- PREA Form 115.342.1 Isolation Activity Log
- Interviews:
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents
 - o LGBTI Populations Residents
 - o Transgender and Intersex Residents

Findings (By Provisions):

- (a) Sequel TSI Family and Youth Services policy requires Owens to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident will be made according to staff interviewed.
- (b) If and when Owens receives a transgender resident and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems.
- (c) Staff interviews indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them at least twice each year to review any threats to safety experienced by the resident. To document reassessments, the facility will use the Department of Youth Services Form 115.341.1 PREA Risk Reassessment.
- (d) Staff interviews also indicated if Owens were to have a transgender or intersex resident, the resident’s own views with respect to his or her own safety will be given serious consideration.
- (e) Transgender and intersex residents will be given the opportunity to shower separately from other residents.
- (f) The Sequel TSI Family and Youth Services policy requires facilities that may isolate residents 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 can be arranged. During any period of isolation, residents are not denied daily large muscle exercise and any legally required educational programming or special education services. Resident in isolation will receive daily visits from a medical or mental health care clinician. Programming will be documented using Department of Youth Services Form 115.342.1 Isolation Activity Log.
- (g) Interview with the Facility PREA Compliance Manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.

Overall Interview Results:

No residents interviewed identified as being gay or bisexual.

Corrective Action: None

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.

This standard directs the facility's on how residents are allowed to report sexual abuse and harassment.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Power Point (Facts That Every Juvenile Should Know)
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Critical Incident Report
- DYS - How To Report Abuse
- DYS Form 1.28 DYS Youth Grievance Form
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA Form 115.351 Alabama Hotline Message
- Posters: 5 Ways of Reporting
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Random Residents

Findings (By Provisions):

(a) Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for residents to report privately to the Sequel TSI Owens and Department of Youth Services regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The follow are internal reporting ways:

- Grievance System
- Direct Care Staff
- Medical Staff
- Mental Health Staff
- Counselors
- The Facility PREA Compliance Manager or any other staff member they trust

(b) Interviews with staff and documentation indicated that the facility has established at least one way for residents

to report abuse or harassment to a public or private entity that is not part the agency, and that they can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The following are external reporting way:

- Calling the Alabama Department of Youth Services Sexual Assault Hotline at 855-332-1594. An Investigator from the Special Investigation Office will take the resident confidential call and follow-up on the report.
- (c) The Owens facility accepts staff reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staffs are required to document verbal reports. Staff may privately report sexual abuse and sexual harassment of residents.
- (d) An interview with the Facility PREA Compliance Manager indicated that Owens does not detain residents solely for civil immigration purposes. However, if they receive a resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Overall Interview Results:

All eleven (11) interviewed residents stated that they had multiple ways to report. Most of the residents reported that they could communicate with staff, write a grievance report, notify their probation officer, or call the hotline number. Four (4) of the eleven (11) interviewed residents reported being aware that they could make a reporting without providing their name. All the residents indicated that they could report sexual abuse or harassment to someone who does not work at the facility, such as family, their probation officer, or social worker. One hundred percent (100%) of the interviewed residents reported that they could make a report of sexual abuse or harassment either in person or in writing, and that someone else could make a report on their behalf if necessary.

Most the interviewed staff reported that they have multiple means to privately report sexual abuse or harassment. Such reporting opportunities included the hotline number, shift supervisor, written statement, Child Advocacy Center, and local Department of Human Resources or Law Enforcement.

The interviewed line staff reported that the residents can privately reporting by calling the hotline number, completing a grievance form, notifying security, medical staff, family, or friends, and the Department of Youth Services (DYS). All but one of the interviewed staff reported that such reports can be made verbally or in writing.

One resident reported that they have made an allegation of sexual harassment since being at the facility. The resident stated that she made the report verbally and in writing and nothing was done. The administrative and facility staff reported that they have no record of a resident make an allegation of sexual abuse or harassment, disclosed that they have reported to authorities, either in person or in writing, that they had been sexually abused or harassed while at the facility.

Corrective Action: None

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.

This standard directs the facility's efforts in how residents may use the grievance system for PREA allegations.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1.28 Youth Grievance Process
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- Juvenile Grievance and Response Form
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA Form 115.354 Third Party Reporting
- Entrance Letter to Parents
- Interviews:
 - o Facility PREA Compliance Manager
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

(a) The Owens facility has an administrative process to address resident grievances regarding sexual abuse.

(b) Time limits and informal grievances:

1. The facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance any time regardless of when the incident is alleged to have occurred.
2. According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

(c) According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case manager, the grievance Officer or ask any staff member; they may mail it to the warden, and
2. The grievance is not referred to a staff member who is involved in the allegation.

(d) Filing Grievance:

1. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.

2. An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.
3. The Sequel TSI Family and Youth policy requires Owens to notify the resident in writing when the organization files for an extension, including notice of the date by which a decision will be made.

(e) Third Parties:

1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of residents.
2. If a third party files a request on behalf of an resident, the facility will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(f) Emergency Grievances:

1. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

(g) Resident documentation indicated that the facility may discipline a resident for filing a grievance related to alleged sexual abuse when the resident filed the grievance in bad faith.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interviews, in the past 12 months one (1) grievance was filed alleging sexual abuse.

Overall Interview Results:

The resident reported that an allegation was made however no one responded to the allegation. At the time of the interview the allegation was not investigated. As previously discussed the facility reportedly had no record of an allegation being made; however, the facility immediately responded and notified the local Department of Human Resources for further review. A copy of the report was email to the Auditor.

Corrective Action: None

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.

This standard directs the facility's effort at providing residents with access to support services and legal representation.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- Memorandum of Agreement with Rape Crisis Center/Child Advocacy Center
- Posters
- DYS Form 115.351 Alabama PREA Hotline
- Juvenile Handbook
- DYS Form 115.333 Juvenile Receipt of PREA
- Import Numbers for Juveniles to Report Sexual Abuse:
 - o DYS Sexual Assault 24 Hours Hotline – 1-855-332-15994
 - o Lighthouse Rape Crisis Center 24 Hours Hotline – 334-213-1227
 - o ADAP Alabama Disabilities Advocacy Program – 1-800-826-1675
 - o Civil Immigration – 1-334-353-3050
- Access to Outside Support Services (ADAP)
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Random Residents
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The Owens facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the mailing address to the Crisis Services of North Alabama and the PREA hotline number.
- (b) The Sequel TSI Facility and Youth Services policy requires Owens to inform residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information in their Admission and Orientation information.
- (c) The Facility maintains a memorandum of understanding with the Crisis Services of North Alabama (CSNA). The agreement was entered into on February 10, 2017. The center provides residents with confidential emotional support services related to sexual abuse. The facility maintains a copy of the agreement of file.

Overall Interview Results:

Eleven (11) interviewed residents were asked if they were aware of services outside of the facility for dealing with sexual abuse. All but two of the residents stated that they were aware of services outside of the facility to deal with sexual abuse if needed. The residents described the services as counseling, supportive services at the sexual assault center. Most of the interviewed residents reported that the facility provided mailing addresses and telephone numbers for outside services in the PREA brochure.

Three (3) residents reported that they were not provided mailing addresses and telephone numbers for advocacy and supportive services. Several residents indicated that PREA posters and their related telephone numbers were placed on the walls one day prior to the audit. Several residents could recall receiving information in the student handbook. Upon probing all residents recalled receiving a PREA related pamphlet shortly after intake however did not read the details of the pamphlet. All but two (2) of the above referenced residents reported being aware of where they could speak to someone about services. Twenty five percent (25%) stated that the conversations would not remain private and that staff would probably be within ear distance of their conversation. Most the interviewed residents felt that staff would be listening or notified of their conversations. Several residents were aware that there were limitations to confidentiality if they reported any abuse or neglect One hundred percent (100%) of the residents reported that they can talk with parents or someone else. Most the residents reported parents/guardian, family members, as well as probation staff.

The residents reported that if they seek to speak to someone they would have to make the calls in the control room or notify a relative during visitation. All calls occur within the presence of staff. Over fifty percent (50%) of the interviewed residents reported being unaware that they could privately speak with their or any attorney.

Upon observation, a resident PREA pamphlet provided mailing addresses and telephone numbers for outside victim advocacy and support, the local rape crisis center, and immigration services. One interviewed resident reported being sexually harassed since at the facility. She reported that her allegations were ignored and no one responded. The incident allegedly took place within a month of the audit and the alleged perpetrator has since been released. At the time of the interview the resident reported that staff ignored her concerns.

Corrective Action: None

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.

This standard requires the facility to establish a third party reporting mechanism for sexual abuse or harassment.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.354 Alabama PREA Third Party Reporting Form
- Agency Website Publication – Report Guidelines
- Parent/Probation Officers Letter
- Interviews

- Facility PREA Compliance Manager
- Random Staff

Findings (By Provisions):

The Sequel TSI Facility and Youth Services and the Alabama Department of Youth Services use their website as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor’s information and a letter to the Parents and Probation Officers.

Corrective Action: None

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.

This standard requires the facility to implement staff and facility reporting duties.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 3003.9 Reporting Child Abuse or Neglect
- DYS Policy, 13.16 Child Abuse Reporting
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Form 8.12 Critical Incident Report
- PREA Form 115.331 Staff Receipt of PREA
- Confirmation of Parent/Attorney/Guardian Notifications
- DHR-FCS 1593 Child Abuse Reporting Form
- Medical Consent Form
- Interviews:
 - Executive Director/Regional Director
 - Facility PREA Compliance Manager
 - Random Officers
 - Medical Staff

Findings (By Provisions):

- (a) Facility policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against

residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

- (b) Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.
- (c) When sexual abuse incidents occur at the Owens facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the facility designated Investigators.

Overall Interview Results:

One hundred percent (100%) of the twelve (12) staff interviewed reported being aware of the agencies procedure for reporting any information related to a resident allegation of sexual abuse. Interviewed staff could clearly articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number or medical staff. Most the interviewed staff reported that the facility has an open-door policy and could make a report all the way up to Administrative level staff.

Corrective Action: None

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.

This standard addresses the facility’s protection duties.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy, 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1.28 Youth Grievance Process
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Form 8.12 Critical Incident Form
- PREA Form 115.342 Housing Unit Placement Form
- PREA Form 115.342.1 Isolation Activity Log
- Interviews:
 - o Facility PREA Compliance Manager

- Executive Director/Regional Director
- Random Officers

Findings (By Provisions):

- (a) When the Owens facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the resident to move to special housing or monitoring until the matter is resolved.
- (b) The Sequel TSI Family and Youth Services policy prohibited placing a resident at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months there were zero occasions where the facility has determined that an resident was subject to substantial risk of imminent sexual abuse.

Overall Interview Results:

All the interviewed staff could articulate the response process, if a resident is at risk of imminent sexual abuse. One hundred percent (100%) of the interviewed staff reported that action is taken immediately to address a resident who is at risk of sexual abuse. Such actions include but not limited to: notifying the supervisor, stay with the victim, separate the residents, seek isolation if necessary, keep victim on observation, secure the scene, develop a plan to keep the resident (s) safe, and notify medical staff.

Corrective Action: None

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.

This standard directs the facility to report any allegations received from a resident that may have occurred at another confinement facility.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.363 Reporting of Other Confinement Facilities

- Interviews:
 - o Facility PREA Compliance Manager
 - o Executive Director/Regional Director

Findings (By Provisions):

- (a) The Owens facility has not received any allegation that a resident was sexually abused while confined at another facility. According to staff interviews, if the facility did receive an allegation the facility would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
- (b) The Owens policy requires within 72 hours of receiving an allegation that a resident was sexually abused while confined in another facility, the Administrator of the facility that received the allegation will notify in writing the sending Administrator.
- (c) Staff interviews indicated that if receiving allegations were reported from other facilities, they would complete an incident report for investigations.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, during the past 12 months zero allegations were received by the facility that a resident was abused while confined at another facility.

Corrective Action: None

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.

This standard directs the facility’s first responder’s actions.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- 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
- Interviews:
 - o Random Officers
 - o Security Staff First Response

- Non-Security Staff First Response
- Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) Interviews with staff and staff training indicated that when staff learn of an allegation that an resident is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- (b) According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Overall Interview Results:

Interviews were conducted with twelve (12) security staff who might be required to be first responders. All the interviewed staff consistently reported that the duties of a first responder to include but not limited to: take immediate action; stay with the resident; separate the victim from the perpetrator; isolate/secure the scene and secure evidence; and notify supervisor, medical, mental health, and local law enforcement.

One resident reported sexual harassment within 60 days of the said audit. The resident reported that the incident was reported to at least seven different staff and no one responded. She allegedly made a request in writing and verbally. Upon conclusion of the interviews, administrative staff was notified and the facility conducted a preliminary investigation and immediately reported to the local Department of Human Resources.

Corrective Action: None

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.

This standard directs the facility to have a coordinated response plan for sexual abuse.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)

- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Staff from Review Team

Findings (By Provisions):

- (a) The facility policy response protocol provided guidelines for staff a written 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.
- (b) The facility coordinated response efforts provided by the Multidisciplinary Team approach via the Crisis Services Center of North Alabama entails contracting Owens County DHR who assigns an Investigator who then contacts Law Enforcement, Crisis Service Center (SANA), Child Advocate, and Forensic Interviewer. The SANE will make the site visit to the program to conduct the forensic exam and will be accompanied by Law Enforcement and any other personnel needed to properly conduct the investigations.

Corrective Action: None

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.

This standard is not applicable because there are no collective bargaining units or unions operating at facility or agency.

This standard is rated non-applicable.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy, 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 3003.45 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Notification Letter
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) Staff interviews indicated that the Sequel TSI Owens does not work with unions, and therefore does not enter into any collective bargaining agreements.

Corrective Action: None

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.

This standard directs the facility in its effort to protect residents and staff from retaliation.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.342 Housing Unit Placement
- PREA Form 115.367 Protections Against Retaliation
- Treatment Notes
- PREA Form 115.371 Investigative Outcomes
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Monitoring Retaliation
 - o Residents Placed in Segregated Housing
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The Alabama Department of Youth Services and the Sequel TSI Family and Youth Services policies prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with Investigators as it relates to PREA related incidents and allegations. Resident rights documentation and staff policy establishes expected conduct. The Executive Director, PREA Compliance Manager or her designee, designates which staff member is charged with monitoring for retaliation. The Executive Director also determines if the initial monitoring needs to be extended beyond the 90 days. If the person to be monitored is a staff member, this function will be completed by assigned staff.

- (b) The facility has several protection and reporting measures, for residents. They can utilize the “Grievance Program”

to document retaliatory acts or other PREA related concerns and issues. The facility has the options to protect resident when reporting retaliation by:

- Housing or program changes
- Disciplinary reports
- Transfers for resident victim or abusers
- Negative performance reviews or reassignments of staff
- Removal of alleged staff or resident abusers from contact with victims
- Provide emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any retaliation.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, there were zero incidents of retaliation that occurred in the past 12 months.

Corrective Action: None

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.

This standard gives guidelines on resident restrictive housing.

Supporting Documents, Interviews and Observation:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.342 Housing Unit Placement Form
- PREA Form 115.342.1 Isolation Activity Log
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Staff Supervise Residents In Segregated Housing

- Residents Placed in Segregated Housing

Findings (By Provisions):

- (a) The facility’s use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation review at Owens indicated that residents at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews also reveal that if an assessment cannot be immediately completed, the facility will hold the resident in involuntary segregated housing for less than 24 hours while completing the assessment.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, there were zero incidents of residents held in involuntary segregated housing in the past 12 months.

Corrective Action: None

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.

This standard directs the facility in regards to administrative and criminal investigations.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.371 Process for Investigating Sexual Assault Allegation
- PREA Form 115.371.1 Investigating Outcome
- Credentials of Investigators
- Interviews:
 - Executive Director/Regional Director
 - Facility PREA Compliance Manager
 - Investigator
 - Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) Interviews with the PREA Investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- (b) The Alabama Department of Youth Services and the Facility uses Investigators who have received special training in sexual abuse investigations. When the Regional and/or Facility PREA Investigators conduct administrative and criminal investigations it is in accordance with best practice for the investigation of sexual assault and they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. If a criminal offense has been committed law enforcement is notified.
- (c) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) When the Alabama Department of Youth Services investigates sexual abuse, the Owens facility cooperates with the investigation and remains informed about the progress of the investigation.

Corrective Action: None

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.

This standard is related to the evidentiary standard used for administrative investigations.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews:
 - o Facility PREA Compliance Manager
 - o Investigator

Findings (By Provisions):

- (a) The Alabama Department of Youth Services and the Facility Investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are

substantiated.

Corrective Action: None

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.

This standard establishes the reporting process relating to the outcome of an investigation.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy, 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1.29.1 Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Policy Number 1.29, Special Investigation Unit
- DYS Policy Number 13.8.1 Protection from Sexual Abuse and Assault
- PREA Form 115.371 Process for Investigating Sexual Assaults
- PREA Form 115.373 Juvenile Notification of Investigative Outcome
- Interviews:
 - o Facility PREA Compliance Manager
 - o Investigator
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) After investigating an inform resident's allegation that he or she has suffered sexual abuse, the facility has a process in place to inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the allegation was against a staff, then the resident is informed per the provisions of this standard.
- (b) When the Owens facility notifies residents, the facility uses the Department of Youth Services Form 115.373 Juvenile Notification of Investigative Outcome as documentation. If the facility does not conduct the investigation, then it will request the relevant information from the investigative agency in order to inform the resident. Information given to the resident is documented.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, there were zero investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. There was

one investigation of alleged resident sexual abuse that was completed by an outside agency in the past 12 months.

Not applicable, the alleged perpetrator was a resident.

Corrective Action: None

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.

This standard directs the facility’s efforts at disciplining staff who have violated the requirements of PREA.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Policy Number 1.29, Special Investigation Unit
- DYS Policy Number 13.8.1, Protection from Sexual Abuse and Assault
- Disciplinary Sanctions for Sexual Misconduct
- Interviews:
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Sequel TSI Family and Youth Services policy requires staff to be disciplinarily sanctioned up to and including termination for violating sexual abuse or sexual harassment policies, and termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- (b) Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the allegations committed, the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- (c) According to staff interviews, if terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months no

staff from the facility have violated sexual abuse or sexual harassment policies. In the past 12 months, zero (0) staff from the facility that have been terminated for violating facility sexual abuse or sexual harassment policies.

Corrective Action: None

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.

This standard provides guidance to the facility as it relates to disciplinary sanctions against a contractor or volunteer.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.332 Volunteers and Contractor Receipt of PREA
- DYS Form 8.12 Critical Incident Report
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) Staff interviews indicated that any contractor or volunteer who engages in sexual abuse are prohibited from contact with residents and are reported to law enforcement. The Owens facility reports all alleged of sexual abuse and harassment for investigations. Upon knowledge of an alleged sexual abuse claim, the Alabama Department of Youth Services is notified regarding information relating to abuse allegation. If a volunteer or contract staff is under investigation for alleged resident sexual abuse or sexual harassment, the individual is placed on paid administrative leave pending the outcome of the investigation.

According to a review of the Pre-Audit Questionnaire and confirmed by staff interview, in the past 12 months, zero (0) contractors/volunteers were reported to law enforcement for engaging in sexual abuse of residents.

Corrective Action: None

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.

This standard directs the facility's disciplinary sanctions against residents for violation of sexual abuse or harassment of staff or a resident.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- DYS Form 8.12 Critical Incident Report
- DYS Form 8.12.1 Critical Incident Initial Debriefing
- 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
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Mental Health Staff

Findings (By Provisions):

- (a) The Owens facility has a formal resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- (b) The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility.
- (c) The Owens facility considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

- (d) Staff interviews indicated for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

Corrective Action: None

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.

This standard directs the facility on conducting medical and mental health screening and history of sex abuse.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- Sequel TSI Owens Nursing Assessment
- Sexual History and Abuse Screening
- Physical Exam
- DYS Form 115.381 Clinical Services Consent to Treatment
- PREA Form 115.381.1 Mental Health File Access Register
- PREA Form 115.381 A Release of Information
- PREA Form 115.331 Staff Receipt of PREA
- Interviews:
 - o Medical Staff
 - o Mental Staff
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Residents Disclosed Sexual Victimization

Findings (By Provisions):

- (a) Staff interviews and documentation review indicates that residents that have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. As part of the Intake Receiving Screening, a resident is evaluated for current or chronic mental health problem, and for

history of sexual abuse, victimization or abusiveness. A mental health professional offers a resident with a history of sexual victimization or sexual abusiveness a follow-up meeting within 14 days of the intake screening.

- (b) If the screening pursuant to § 115.41 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

If there is an indication through the admission process that mental health services are required, a referral is made to the mental health professional.

- (c) Interview with the Owens staff indicated that if a resident reports a history of sexual abuse or sexual abusiveness or the resident appears at risk for victimization, security and case management are notified. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to need-to-know staff only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education and programming assignments.
- (d) The Owens facility uses the Department of Youth Services Form 115.381.1 Mental Health File Access Register Release of Information Consent for Release of Health Information for medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Overall Interview Results:

One (1) resident interviewed, disclosed prior sexual victimization. The resident recalled speaking with staff upon admission about prior victimization and the resident received immediate services from medical and mental health staff.

Corrective Action: None

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.

This standard directs the facility in providing access to emergency medical health services.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan

- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Rape Crisis Center/Child Advocacy Center Memorandum of Agreement
- PREA Form 115.331 Staff Receipt of PREA
- PREA Form 115.321 Victim Advocate Receipt of PREA
- Interviews:
 - o Medical Staff
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) At the Owens facility resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The Sequel TSI Owens in collaboration with the North Alabama Rape Crisis Center and the Children’s Advocacy Center offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse.

- (b) Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility offer prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.
- (c) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Overall Interview Results:

As reported by the resident outside medical and mental health services were not provided as the allegation was never looked into. The facility has no record of an allegation being made.

Corrective Action: None

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.

This standard directs the facility’s ongoing medical and mental health care for sexual abuse victims and abusers.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Medical Health Records
- Mental Health Notes
- Interviews:
 - o Mental Health Staff
 - o Residents Reported Sexual Abuse

Findings (By Provisions):

- (a) The Owens facility, through outside entities, offers medical and mental health evaluation and, provides treatment to all residents who have been victimized by sexual abuse.
- (b) Staff interviews indicated that evaluations and treatment of victims include follow-up services, treatment plans, referrals for continued care following residents transfer to, or placement in, other facilities, or their release from custody.
- (c) The facility provides victims with medical and mental health services consistent with the community level of care.
- (d) Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (e) Sequel TSI Family and Youth Services policy requires treatment services to be provided to victims without financial cost.
- (f) The facility conducts a mental health evaluation of resident-on-resident abusers of learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness, or appears at risk for victimization, security and case management are notified.

Overall Interview Results:

No ongoing medical and mental health services were identified at the time of the audit.

Corrective Action: None

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.

This standard directs the facility's efforts at reviewing and sexual abuse incident that occurred at the facility.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- 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
- PREA Form 115.386 Sexual Abuse Critical Incident Review
- Interviews:
 - o Executive Director/Regional Director
 - o Facility PREA Compliance Manager
 - o Incident Review Team

Findings (By Provisions):

- (a) Staff interviews indicated that if the facility had a sexual abuse, the facility will conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been unfounded. Investigations reviews occur within 30 days of the conclusion of the investigation.
- (b) The review team includes upper-level management officials, the Facility Administrator, Direct Care Supervisor, Facility PREA Compliance Manager, Health Service Staff, Mental Health, and other staff as deemed necessary by the Facility Administrator.
- (c) According to interviews the review team will use the information from the sexual abuse incident review to identify any policy, training, or other issue related to the incident that indicated a need to change policy or practice.

Corrective Action: None

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.

This standard guides the facility in its data collection efforts.

Supporting Documents, Interviews and Observations

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile) 2016
- Annual Survey of Sexual Violence
- Annual Data Review
- Annual Facility PREA Report
- Annual DYS PREA Report
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Owens facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions as required by Sequel TSI Family and Youth Services. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Owens aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. The facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.
- (b) All incidents that meet the definitions of sexual assault/abuse under the PREA standards are documented using Department of Youth Services Critical Incident Report Form and the Department of Justice Form SSV-IJ. Owens cooperates with the Department of Youth Services PREA Coordinator in completing an Annual Survey on Sexual Violence Report to the Justice Department.
- (c) The Alabama Department of Youth Services aggregates incident-based sexual abuse data at least annually.
- (d) The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The Alabama Department of Youth Services also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents, to include Owens.
- (f) Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Action: None

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.

This standard directs the facility efforts at reviewing data for corrective action.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Annual Survey of Sexual Violence
- Annual Data Review
- Annual Facility PREA Report
- Annual DYS PREA Report
- Interviews:
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Sequel TSI Family and Youth Services and Owens review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Alabama Department of Youth Services prepares an annual report of its findings and corrective action that includes the Owens.
- (b) The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse.
- (c) The report is approved by the agency and made readily available to the public through its website.
- (d) The Alabama Department of Youth Services redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Corrective Action: None

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.

This standard directs the facility in its efforts to comply with data storage, publication, and destruction of records related to PREA.

Supporting Documents, Interviews and Observations:

- Sequel TSI Owens Policy: 13.8.1 Protection from Sexual Abuse and Assault
- Sequel TSI Owens Policy, 1004.7 Storage and Disposal of Student Records
- PREA Written Institutional Plan
- State of Alabama Department of Youth Services Policy and Procedures
- Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- Sequel TSI Owens: Pre-Audit Questionnaire (Juvenile Facilities)
- Records Retention Schedule
- Interviews
 - o Executive Director/Regional Director
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Findings (By Provisions):

- (a) The Sequel Youth and Family Services aggregated sexual abuse data from the Sequel TSI Owens and the information is made available to the public at least annually through its website. Before making aggregate sexual abuse data publicly available the agency removes all personal identifiers.
- (b) The Owens facility maintains sexual abuse data collected for at least 10 years after the date of initial collection.

Corrective Action: None

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 10, 2017

Auditor Signature

Date