

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: September 26, 2018

Auditor Information			
Auditor name: Steven Jett			
Address: 21023 Briarwood Dr. Greenleaf, ID			
Email: sjett.preajuvaudit@gmail.com			
Telephone number: 2084590602			
Date of facility visit: June 11-13, 2018			
Facility Information			
Facility name: Sequel Youth Services of South Dakota, LLC DBA - Sequel Transition Academy/Falls Academy			
Facility physical address: 46560 264 th St. Sioux Falls, SD 57107			
Facility mailing address: <i>(if different from above)</i> SAA			
Facility telephone number: 605 528 3559			
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: Jon St. Pierre			
Number of staff assigned to the facility in the last 12 months: Click here to enter text.			
Designed facility capacity: 32. 30 in new part of facility due to open prior to audit			
Current population of facility: 32/0			
Facility security levels/inmate custody levels: Click here to enter text.			
Age range of the population: 16-20			
Name of PREA Compliance Manager: Angie Rotter		Title: PCM	
Email address: angie.rotter@sequelyouthservices.com		Telephone number: 605 528 3559	
Agency Information			
Name of agency: Sequel Youth and Family Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1131 Eagletree Lane Huntsville, AL 35801			
Mailing address: <i>(if different from above)</i> SAA			
Telephone number: 256-880-3339			
Agency Chief Executive Officer			
Name: John Stupak		Title: CEO	
Email address: john.stupak@sequelyouthservices.com		Telephone number: 215-284-5043	
Agency-Wide PREA Coordinator			
Name: Sonja Schierling		Title: PC	
Email address: sonja.schierling@sequelyouthservices.com		Telephone number: 941-526-8763	

AUDIT FINDINGS

NARRATIVE

The on-site portion of the PREA Audit of the Sequel Transition Academy (STA) was conducted on June 11-13, 2018. Upon arrival, I was invited to meet several of the administrative staff and set up for the audit.

I met with Facility Head Jon St. Pierre and PREA Compliance Manager Angie Rotter. We discussed the scheduling of events for the coming days. The weather prohibited a tour of the campus at that point.

Interviews with staff and residents were begun. In all, I interviewed 14 of 44 total staff. Of those 14, five were specialized staff (HR, Medical, Mental Health, PREA Compliance Manager, Facility Head).

I also interviewed 13 residents. One of the interviewed residents had reported an incident and also identified as being transgender and gay, so that resident was interviewed using all three of the appropriate interview question sets.

Interviews with staff showed that resident safety is of the utmost importance at the STA. Staff have the authority to act immediately to safeguard residents. They were all well-versed in mandatory reporting laws.

Interviews with residents showed that the resident education program has been very effective and meets all requirements of the PREA Standards. Documentation of participation in the sessions is kept and was easily found. All knew how to report, and were able to tell me about the Compass Center, which is the entity set up for crisis support and outside agency reporting. All residents that were asked felt safe and credited the staff.

The tour of the facility was conducted on Tuesday, June 12. All areas that residents had access to were visited. Dorms were clean and well kept. Bathrooms were observed and staff on duty were able to demonstrate how showers are handled to keep residents safe. The residents are not directly observed in the shower, but staff are able to see the front entrances of the showers to make sure that residents do not enter occupied stalls. They also take the added precaution of not putting students in every stall, but in every other one. Supervision was observed and determined to be done well. Students were almost always in sight of staff and being monitored. I believe that this contributes to the safe feeling that students have while at STA.

Various meetings were held at different times during the audit with the PREA Compliance Manager and the Facility Head. They made themselves readily available and were able to clarify most of the questions I had with regards to operations and procedures.

Throughout the audit I also felt very safe and welcome at all times. Students were very polite at all times and staff were very accommodating as well.

A report out meeting was held on June 13. Participants included:

Jon St. Pierre, Facility Superintendent, Angie Rotter, PREA Compliance Manager, Nicki Abels, Administrative Director, Jen Sievert, Facility Superintendent Forest Ridge Academy, Jenna Tweedy, Intake.

We spent time going through most of the standards and identified the very few that needed any work to rule that STA was compliant with the PREA standards. I also gave them some ideas and suggestions that I thought they might want to consider in order to make their policy manual better.

Population on day of Audit: 34

Number of residents interviewed:13

Number of random staff interviewed:9

Number of specialized staff interviewed: 5 Facility superintendent, PREA Compliance Manager, HR Director, Mental Health, and Medical.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility known as the Sequel Transition Academy actually houses two separate programs on the same site, located at 46560 264th Street in Sioux Falls, South Dakota. Although the two programs are somewhat different, they are being audited as one facility.

Both facilities operate under the same mission statement: “allow young people an opportunity to value themselves while learning new skills and behaviors in a caring and supportive environment where the past is not held against them but new direction is possible”. The vision statements of both facilities are: “Sequel Transition Academy (or Falls Academy) staff and students will purposefully sustain an atmosphere that facilitates enduring change with caring, hope and enthusiasm.”

The Sequel Transition Academy operates as a staff-secure facility that focuses on teaching life skills to adjudicated youths. The Falls Academy operates as a staff-secure facility that focuses on teaching life skills to adjudicated youth placed with the Department of Corrections and the Department of Social Services.

First, the Sequel Transition Academy was established in 2013 as a step down, transition program for males age 16-20 that have completed a long-term residential program but remain in need of reintegration services. The facility offers a year-round academic program provided by the local school district. The Academy serves state of South Dakota Department of Corrections commitments. The state’s contract with Sequel requires that the facility adopt and comply with the PREA Juvenile Standards. Primary programming goals are high school completion and employability training. Overall the facility functions in similar fashion to a halfway house.

Youth are housed in the main facility building, on an upper and lower floor. Staff offices are also located at the end of each hall near the youth bedrooms. Youth sleep in individual rooms. The dining facility and common areas are also in this building. The only other building accessible to residents is a one-floor school building nearby. Teachers from the local school district provide education for the residents in the school building. Teachers are not employees of the facility and are not contracted, however because they have regular contact with the residents they did participate in PREA training and they have had background checks completed. In addition, facility staff are with the residents at all times when classes are in session. As is generally customary with low or “staff secure” facilities, Sequel Transition Academy does not conduct youth body searches and does not have or use isolation rooms. In addition to attending classes on-site and participating in group and individual programming and therapy, most youth have jobs in the nearby city of Sioux Falls. Staff drive the youth to and from job sites.

Next, the Sequel Youth Family Services Falls Academy was established in 2018 (shortly before this audit visit was conducted) as a structured group care facility serving males and females age 13-20 that require a high level of care. For most of the students, this will be their first placement out of the home. The campus is located seven miles west of Sioux Falls. The facility offers a year-round academic program provided by the local school district. The state’s contract with Falls requires that the facility adopt and comply with the PREA Juvenile Standards. Primary programming includes middle school and high school academics. Overall, the facility functions as a high-level residential boarding school. Youth are housed in the Falls Academy building on one floor. Staff offices and group rooms are located at the end of each hall near the youth bedrooms. Youth sleep in rooms with up to three individuals in each room. Common areas are also in this building along with classrooms in each wing. Dining facilities are located in the Transition Academy building, approximately 200 feet from Falls Academy. Youth eat three meals a day in the dining facility during the week and two meals a day during the weekend. Teachers from the local school district provide education for the residents. Teachers are not employees of the facility and are not contracted, however because they have regular contact with the residents they did participate in PREA training and they have had background checks completed. In addition, facility staff are with the residents at all times when classes are in session. As is generally customary with “staff secure” facilities, Falls Academy does not conduct youth body searches and does not have or use isolation rooms. In addition to attending classes on-site, youth participate in group and individual programming and therapy.

The design capacity of the STA facility is 32 residents, and Falls Academy’s capacity is 30 residents. Neither program was at capacity at the time of the audit, and there was a total of 34 residents on the campus. The average length-of-stay for residents is six to nine months in both programs. The facility listed 44 total staff on its roster

SUMMARY OF AUDIT FINDINGS

Findings at the time of the issuance of the Interim Report Aug 9, 2018

Number of standards exceeded: **2**

Number of standards met: **37**

Number of standards not met: **0**

Number of standards not applicable: **2**

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.

The facility has a PREA Compliance Manager who has enough time and authority to accomplish the tasks necessary. She answers to the agency-wide PREA Coordinator. The facility’s PREA Policy contains necessary definitions and the coordinated response plan for combatting sexual abuse and sexual harassment.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable (facility is a contract provider, not a contracting agency)

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.

[Click here to enter text.](#)

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.

Facility does staffing plan reviews as required. Staffing ratio was met, and exceeded in some circumstances. The Falls Academy, a recently opened building on the STA grounds, maintains a 1:6 ratio. Administrative rounds were done and documented, however I determined that there was not enough documentation to show that the rounds covered all shifts.

REQUIRED ACTION: Furnish sufficient documentation to prove that the administrative rounds are covering night shift.

During Corrective Action Period, the facility PREA Compliance Manager furnished documentation that the unannounced rounds have been completed on all shifts for a significant period of time.

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.

Sequel programs, including STA, do not allow searches similar to what is conducted in other correctional facilities. Searches are hands-off, and never require the student to be fully undressed in front of any staff member. The way that they train staff at the STA meets or exceeds the training requirement as the searches could be done on a transgender or intersex student in a totally respectful manner.

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.

STA, run by a private, for-profit agency, can screen prospective students for eligibility and suitability for their program. Students with severe disabilities or impairments, such as deaf or blind students, could not be accepted into the program. Other student, with some developmental disabilities, may be accepted. The facility has some measures in place to overcome these disabilities which meet the requirement of this standard.

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.

The facility asks the questions required in 115.317a. Background checks are done at least every five years. Background checks are also done on contractors and volunteers as well as employees. A large sample of employee files were checked and found to be satisfactory. The facility is, at the present time, not asking the questions listed in standard 115.317a during evaluations of current employees. A phone call was held within a few days of the audit and a solution was determined at that time. Employee evaluations will include asking all questions from 115.317a.

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)
- Not applicable (No expansions, upgrades, modifications to physical plant or video systems)

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.

A new building, Falls Academy, was opened up within weeks of the PREA audit visit. In designing the building, which is modular in nature, line of sight was a top priority, along with the installation of multiple cameras. At the same time, cameras were installed in strategic locations throughout

the existing building.

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.

STA furnished a copy of the protocol which investigators use in South Dakota. It was patterned after the OVW publication referenced in standard 115.321b. The Compass Center furnishes advocate services. I called and talked to a representative of the Compass Center and was completely satisfied that the services meet the criteria in the PREA Standards.

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.

The policy of the STA to investigate all allegations is in place and is summarized on the website.

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.

Training materials include all topics specified in standard 115.331a. Employees understanding of the initial PREA training is ascertained through a pre-test and a post-test, which were examined. Records of subsequent training is well-kept and organized.

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.

Contractor and volunteer training also is conducted. The main contractor in the facility is the nurse, who goes through the exact training that the regular staff get.

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.

The initial PREA education sessions are handled immediately after intake. All residents interviewed were able to reiterate all of the necessary training topics. All residents also are shown a video within one week of their intake. Documentation is kept and was accessible during the audit visit.

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.

Three staff at STA have been through the specialized training and have documentation as proof of their completion of the training.

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.

The medical and mental health staff/contractor had received the same training as staff. They also have been trained in the topics listed in 115.335a.

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.

The screening done pursuant to 115.341 is thorough and meets all requirements of the standard. Most residents remembered being asked if they identified as being LGBTI, if they had disabilities, whether or not they felt safe, etc. STA will keep the results of the assessment in their clinical files, which have very limited access.

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.

The information gathered in the initial intake assessment is used for dorm and room assignment. Assignments are constantly being reassessed through team and leadership meetings that are held often. Any problems that are recognized are brought to the attention of management teams and discussed. Isolation is not used.

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.

STA has furnished residents with multiple reporting avenues, which they knew well and recited to me during interviews. The Compass Center was contacted and clarified their role in the reporting process. Staff knew that they had to accept reports in any form. The grievance boxes through the facility are visible and have forms for the residents to use. One grievance box was tested by me. I received a call from the Administrative Director within two days proving that the box was checked in a timely manner.

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.

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All aspects of 115.352 are covered well. STA has a good grievance policy in place, with all of the required time limits. Emergency grievance is covered, as well. Allegations and grievances are accepted by third parties and adequate tools are furnished to facilitate the submission of grievances.

SUGGESTED ACTION: Reorder policy sections to make emergency grievance time frames clearer.

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.

The Compass Center furnishes support to victims of abuse of any kind. The number to the Center is found in many places throughout the facility and the residents knew where to find it, and how to place the call. Calls are not monitored.

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.

Third-party reports are accepted, and the agency’s website had contact information readily available.

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.

All staff were very aware of their duty to report, and how to report. Mental Health staff notify all residents, at the initiation of services, of their duty to report and limits to their confidentiality. Although this is in policy, the medical staff is not making this notification at the present time. However, the PREA Compliance Manager and the nurse met and had identified a solution before the end of the audit visit. The solution will be furnished to me as soon as possible.

Auditor's Note: within 3 weeks of the audit, the facility furnished me with a satisfactory solution for making sure residents were notified of the medical staff's duty to report and the limits to their confidentiality.

Standard 115.362 Agency protection duties

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

Auditor 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.

All staff were well aware of their responsibility to keep residents safe, and that they had the authority to take any immediate steps necessary to do so. During interviews, it seemed like every thing that staff did, at all times, was focused on safety.

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 type of situation has not occurred at the STA since PREA standards were promulgated. However, when the facility did receive an allegation, it was passed on to the other facility's head. If it happened now, report would be written and documented as required.

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.

In interviews, especially during a hypothetical situation posed to them, staff were not versed as well as I thought they should be with regard to first responder duties. All staff knew 115.364a1 (separate alleged abuser and victim) without a doubt. With probing questions, most staff were able to recite some, if not all of 115.364a2 (preservation of physical evidence in the area where incident was alleged to have occurred) and 115.364a3 (preservation of physical evidence that might be on the body of the alleged victim). Not many of the staff interviewed knew or recited 115.364a4 (preservation of physical evidence that might be on the body of the alleged abuser.)

Auditor's note: Within 3 weeks of the audit, the facility furnished me with training records showing that staff had been through first responder training and that they understood the policy regarding their first responder duties.

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.

Coordinated response plan is well laid out in the STA Policy Manual. All required notifications were recited by staff in interviews, proving that the staff have received good training.

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)
- Not applicable (no collective bargaining agreements in place)

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.

No collective bargaining.

Standard 115.367 Agency protection against retaliation

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

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

STA would monitor retaliation through frequent meetings with students and staff. Regular team and management meetings almost always include discussions about most residents.

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.

STA does not use isolation.

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.

The Minnehaha County Sheriff’s Department is responsible for all criminal sexual abuse investigations. They follow the South Dakota Protocol for investigations. Compelled interviews are conducted only after consultation with legal counsel and prosecutors. Investigations are not stopped due to the victim’s recanting of the allegation or at the departure of the abuse or victim from the control of the facility. Written reports are kept, and the facility does endeavor to keep abreast of the investigations. The Facility Superintendent confirmed that even if the allegation is unfounded, at least a letter at the end of the investigation is received by the facility.

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.

Preponderance of the evidence is the standard for administrative investigations.

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.

All required notifications would be made, per policy. Notifications would be documented.

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.

All requirements of standard 115.376 are covered in policy and were confirmed through interviews with Administrative Director. Termination is the presumptive discipline for staff found to have engaged in sexual abuse and other sanctions would be commensurate with the violation. Information regarding terminations for sexual abuse are reported to law enforcement.

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.

Contractors and volunteers would be removed from contact with students if an allegation was made. Policy requires substantiated allegations to be reported to law enforcement.

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.

Disciplinary action against residents would meet the requirements of standard 115.378. Mental illness or disability would be considered into any disciplinary sanction, and all sanctions would be commensurate with the circumstances of any abuse committed. Participating in any therapy is not a requirement for inclusion in any of the general programming or education. The agency only disciplines residents for false reports, not substantiated or unsubstantiated reports.

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.

Both medical and mental health staff agreed that any residents disclosing previous victimization would get a meeting with either medical or mental health. In fact, the intake assessment is completed by the mental health staff member, so disclosure would most likely be made directly to the person that would be meeting with the resident. This also holds true for abusers. The facility holds residents that are between 16 and 20, informed consent is sought for those over 18.

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.

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents have access to all required medical and mental health services at any time, either on-site, or off-site, depending on what is needed. All services, information, tests are furnished without cost and regardless of whether or not the resident cooperates with the investigation.

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.

STA does offer medical and mental health evaluations to all resident victims of sexual abuse, which includes follow-up treatment and referrals. All services, information, tests are furnished without cost and regardless of whether or not the resident cooperates with the investigation. STA would refer any abuser out to services provided by a local provider for evaluation and treatment. This is already being done if the facility accepts a student who has a history of committing sexual abuse.

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.

The facility uses a form which meets the requirements of 115.386 for the completion of sexual abuse incident reviews. There were two examples of this form that were filled out subsequent to incidents that were not PREA Incidents, which shows that STA would use this form and meet the criteria set out in this standard. The management teams review these and also the recommendations that may result from the reviews.

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.

The agency, Sequel Youth Services, maintains a PREA page which holds links and data for all of its facilities. Data is aggregated on a yearly basis.

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.

The agency publishes the facility's report on the website. Allegations are very low, and this is reflected in the data that is included in their report. The agency does not include information that would need to be redacted from the report, which is approved by the agency head.

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.

Data retention standards are being met, and the data is published as required.

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.

Steven Jett

September 26, 2018

Auditor Signature

Date