

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 12, 2015

Auditor Information			
Auditor name: Patrick Sussex			
Address: 10 N. Howes Lake Rd.			
Email: sussexp@michigan.gov			
Telephone number: 517-648-6503			
Date of facility visit: June 23-24, 2015			
Facility Information			
Facility name: Sequel Transition Academy			
Facility physical address: 46560 264th St. Sioux Falls, SD 57107			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 605-528-3550			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jon St. Pierre, Executive Director			
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 32			
Current population of facility: 31			
Facility security levels/inmate custody levels: Staff Secure / Group Care			
Age range of the population: 16-20			
Name of PREA Compliance Manager: Angie Rotter		Title: Clinical Director	
Email address: angie.rotter@sequelyouthservices.com		Telephone number: 605 528-3550 ext 104	
Agency Information			
Name of agency: Sequel Youth Services of South Dakota, LLC DBA - Sequel Transition Academy			
Governing authority or parent agency: <i>(if applicable)</i> Sequel Youth and Family Services			
Physical address: 46560 264th St. Sioux Falls, SD 57107			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 605-528-3550			
Agency Chief Executive Officer			
Name: Jon St. Pierre		Title: Executive Director	
Email address: jon.stpierre@sequelyouthservices.com		Telephone number: 605-528-3550 ext. 101	
Agency-Wide PREA Coordinator			
Name: Sonja Schierling		Title: Quality Manager	
Email address: sonja.schierling@sequelyouthservices.com		Telephone number: 941 526-8763	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA audit of Sequel Transition Academy occurred on June 23-24, 2015, to determine compliance with the Prison Rape Elimination Act standards. Audit notices had been properly posted more than six weeks in advance of the dates of the on-site audit, and a comprehensive audit pre-questionnaire with supporting documentation had been sent to the auditor four weeks in advance of the on-site audit dates. The auditor was orientated to the facility and introduced to facility personnel by facility Director Jon St. Pierre, PREA Compliance Manager / Clinical Director Angie Rotter, Group Living Director Rack Crable, and Program Director Gerald Davis. This was followed by a tour of the facility that included inspection of all buildings and areas where youth have access, including housing units, recreational areas, dining areas, and the school building where local school district teachers conduct high school classes. Resident and staff interviews, and further review of documentation, followed.

The auditor interviewed 10 randomly-selected youth, with various lengths of stay. None were considered disabled or Limited English Proficient (LEP). There were no disabled or LEP youth listed on the youth roster. None of the youth interviewed stated that they had reported a sexual abuse allegations. The auditor also interviewed eight random staff that had a range of longevity. Specialized staff were also interviewed, including: The facility Director, the PREA Compliance Manager (PCM), the Human Resources Administrator, the Clinical Director/Intake Screener—Evaluator, the facility Nurse, a trained Investigator, a member of the Incident Review Team, the Administrative staff charged with monitoring for retaliation, the Case Manager, and the Agency-wide PREA Coordinator. Consultation also occurred with the South Dakota PREA Coordinator relative to posting annual reports and data for the public. Given the relatively small size of the facility some specialty staff fulfilled more than one role. For example the Human Resources Administrator also served as the monitor to prevent retaliation, and the PCM also served as an investigator and conducted all intake screenings.

Appropriate and adequate accommodations were made for the auditor to conduct interviews. The auditor was not restricted in any way from speaking with staff or youth or inspecting any area of the facility. The auditor was shown employee and youth files, and other documentation, as requested. Facility Administration and staff were polite and helpful throughout the process. There were no residents or staff that declined to be interviewed.

Every resident interviewed stated that he believed Sequel Transition Academy had a culture of sexual safety, and none expressed fear that he would be sexually violated by peers or staff. Youth consistently remembered PREA orientation at intake, and being asked about previous sexual abuse and sexual identity. All stated that they could speak with lawyers and parents if they desired, and most reported having frequent contact with parents/guardians. Youth overall were able to articulate multiple options for reporting an allegation of sexual abuse or harassment, including the outside reporting option. Youth often failed to mention the written grievance process as one of those options. The facility agreed that refresher training for youth would be conducted for residents to increase awareness of that reporting option.

The residents were somewhat aware of the option for outside advocacy—the facility has an MOU with an outside provider for this and it is listed in the youth orientation handbook and on wall posters—but residents did not express much interest in it. This is likely because the residents had all previously completed treatment programs and the Sequel program is for transition back to the community. As such there does not appear to be a significant need for healing therapy at the facility, and while counseling occurs as needed and appropriate the significant treatment task for Sequel residents is life skills training such as education and employability. In conjunction with additional resident orientation on grievances as a reporting option, the facility will review with residents the outside advocacy rights and benefits afforded under PREA to ensure that youth are reminded of it. In addition, while there was adequate signage throughout the building listing both the outside sexual abuse reporting option, and the outside advocacy option, it was decided that additional signs would be added to further ensure youth and staff awareness. That occurred during the on-site visit.

Collaboration between the auditor and key Administrators at the facility resulted in several enhancements of the facility's prevention, detection, and response practices, in addition to the activities listed above. Those included a formalized process for sexual abuse allegation incident reviews, the addition of a video presentation for youth as part of the PREA orientation and education process, minor policy modifications, posting of an enhanced annual report on the facility's webpage, and modifications to the resident intake screening process to include several additional screening factors. These enhancements and adjustments in practices were instituted during or shortly after the on-site visit, further strengthening a culture of sexual safety.

DESCRIPTION OF FACILITY CHARACTERISTICS

Sequel Transition Academy, Sioux Falls, SD, operates as a staff-secure facility that focuses on teaching life skills to adjudicated youths. The facility mission is to “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 facility vision is: “Sequel Transition Academy staff and students will purposefully sustain an atmosphere that facilitates enduring change with caring, hope and enthusiasm.”

Established in 2013, Sequel Transition Academy is 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 campus is located seven miles west of Sioux Falls. 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.

The design capacity of the facility is 32 residents. There were 31 residents housed in the facility on the days of the on-site audit. The average length-of-stay for residents is six to nine months. The facility listed 27 staff on its roster. 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.

SUMMARY OF AUDIT FINDINGS

There are recommendations listed in 115.373, that will strengthen and solidify continued compliance going forward. These are recommendations only and not at the level of a finding of non-compliance. It is hoped, however, that facility leadership will give serious consideration to these recommendations. In addition, the agency/facility must post this audit report on its webpage as required by PREA. In summary, Sequel Transition Academy was determined to be fully compliant with the PREA Juvenile Standards.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: [Click here to enter text.](#)

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.

The facility has developed and implemented a comprehensive written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy includes all requirements listed in the subsections of Standard 115.311. Documentation review and interviews with facility personnel supported that the practices and protocols listed in the policy are followed. Sequel operates facilities in multiple states and has designated its own PREA Coordinator, Sonja Schierling. She is listed in Sequel's organization chart. She stated that she has the time and authority to implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The facility has a PREA Compliance Manager, Angie Rotter, who is listed on the facility's organizational chart. PCM Rotter verified that she has the time and authority to oversee facility compliance. In addition, the PREA Juvenile Coordinator for South Dakota provides additional PREA compliance oversight of the facility.

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.

Sequel Transition Academy does not contract with other entities for the confinement of its residents so this standard does not apply.

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.

The facility has developed and implemented a thoughtful and comprehensive staffing plan that contains the elements required in the applicable standard. The plan was modified just prior to the onsite audit so comprehensive review had not occurred however moving forward annual review is required per the plan. Direct care staff ratios are, at a minimum, 1:8 during waking hours and 1:16 during sleeping hours. There are adequate numbers of Supervisory personnel. There were no deviations from the staffing plan during the most recent 12 month period. Unannounced supervisory rounds are conducted and documented.

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 Transition Academy does not conduct body searches. There is a policy provision that would allow for a search of a resident for significant cause and only with the permission of the Director of Group Living. Should such a search occur residents must only be searched in a private area by two employees of the same sex (male) as the resident. Cross-gender searches are prohibited. None of the residents, staff, or Administrators interviewed could recall a youth body search occurring at the facility in the past 12 months, and there was no record of any such searches in the past 12 months. In addition, policy states that transgender or intersex residents are never to be searched for the sole purpose of determining the resident’s genital status. Policy further states that at all times, residents must be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing. Interviews with residents and staff supported that there is adherence to these policy tenets.

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.

Facility policy requires that residents with disabilities and residents that are limited English proficient (LEP) be provided with equal opportunity to benefit from the facility’s efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. The use of resident interpreters is prohibited unless a delay in providing the information would endanger the resident. The facility had developed and was able to provide a listing of resources that could be used to provide translation services and services to persons with disabilities. There were no LEP or disabled youth at the facility.

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.

Policy review, interview of a Human Resources Administrator, and review of randomly-selected files confirmed that the facility conducts required background checks on all employees at the time of hire or promotion, and every five years thereafter. In addition the application system incorporates the questions listed in 115.317(a)-1 regarding previous sexual misconduct. Background checks include abuse and neglect central registry records, criminal history check, sex offender registry check, and driver’s license look-up, and applicants must provide a central registry clearance letter from the state’s Department of Human Services. Applicants from outside of South Dakota must be checked on the criminal history and central registry systems of the applicant’s home state. Sequel will not employ persons with certain and/or recent felony and misdemeanor convictions and will not hire or promote persons that have engaged in child abuse or neglect. Human Resources policy and notifications include the expectation of continuing affirmative duty to disclose such misconduct. Material omissions regarding such conduct is grounds for termination, per policy. Contractors are also subject to the background checks and expectations for conduct, including zero tolerance policies and expectations. There were 24 employees hired in the previous 12 months that had background checks conducted as prescribed. Although not technically contractors, the three teachers from the local school district that provide educational services were also subject to the battery of background checks.

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.

When Sequel took over the current facility building and opened its program there in 2013, the resident shower areas were modified. Previously the showers had been open—group showers. Walls were built up between each shower head to create individuals showers. Same-sex staff are able to monitor the shower area from the doorway, and are required to do so.

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.

The facility conducts administrative investigations. The facility has two Administrative staff that have received specialized training to conduct the investigations. Allegations that appear to involve criminal behavior are referred to outside investigators, including police, Children’s Protective Services, and/or South Dakota Department of Criminal Investigations (DCI). Uniform evidence protocol is followed. If a forensic examination is warranted it is conducted off grounds at a designated SANE-staffed hospital, at no charge to the youth. Documentation confirmed that SANE was available at almost all times at the designated hospital, but that if ever not available the hospital was staffed by practitioners qualified to conduct forensic examinations. There were no such medical examinations performed in the past 12 months. The facility has a MOU with an outside entity, the Compass Center, to provide an advocate in the case of a sexual assault allegation and resultant forensic examination, and to provide an outside counseling option to youths that wish to deal from past sexual abuse. The facility also has a qualified staff to provide these services in lieu of an outside provider. Response protocol for investigations of allegations of sexual abuse was adopted from the Law Enforcement Response to Domestic Violence and Sexual Assault report, as developed through a grant from the STOP Violence Against Women Act, as revised in 2012.

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 facility has a comprehensive policy regarding the referral, conduction, and follow up reporting of allegations of investigations. Completion of investigations and reporting of investigation outcomes to residents and other pertinent parties is required. The policy states that a preponderance of the evidence is the evidentiary standard used to substantiate a claim of sexual abuse or sexual harassment. The agency with the legal authority to conduct criminal investigations is listed as SD DCI, and policy requires immediate notification to DCI and the state’s ombudsman of allegations that appear to rise to the level of criminal activity. The policy dictates record retention of investigative reports in accordance with PREA. The facility investigated and substantiated two incidents of youth-on-youth non-consensual sexual touching and two incidents of youth-on-youth sexual harassment in the past 12 months. There were no other allegations during that time period that would have risen to the level of sexual harassment or sexual abuse as defined in the PREA standards.

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.

The facility provided comprehensive training to all employees that have contact with youth and provided documentation that the training occurred. The training curriculum was provided and addresses topics listed in Standard 115.331(a)-1. PREA training is held annually and at first hire, plus pertinent information on preventing, detecting and responding to sexual abuse of residents is also provided approximately every three months at in-service trainings held during team meetings. The training curriculum is tailored to the needs and gender of the youth. Facility records indicated that 25 staff received PREA training in the 12 months preceding the audit. Employees sign that they

attended the training and understood the materials presented. Random staff interviews indicated that employees were retaining pertinent information from training.

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.

Contractors, volunteers, and/or interns received the same training as facility staff (as described in 115.331 above). The facility listed one intern that had regular contact with youth, and three teachers that had regular contact with youth. Teachers from the local school district provide education for the residents. The teachers are not employees of the facility and are not contracted by the facility, however given their regular contact with youth they are trained and subject to background checks in the same manner as contractors and staff.

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.

Resident education is provided at the time of intake about the zero-tolerance policy and how to report. Comprehensive information is provided within 10 days. During the audit process the facility adopted and began using an additional age-appropriate video to augment resident education. Youths interviewed unanimously stated that they had received PREA orientation. All youths interviewed were able to articulate rules regarding sexual contact, how to report, their right to not be sexually abused or harassed, and that they would be protected from retaliation. All stated that they knew about the outside reporting option, to Children's Protective Services. The youth's were less familiar with the option for outside counseling and advocacy. The facility agreed to review that PREA benefit with youth going forward. The facility listed 52 youth intakes in the past 12 months, and listed 52 resident's that had received orientation. The facility documented residents' participation in the orientation process and documentation was reviewed by the auditor. There were no LEP or disabled youths listed as intakes during the period. Posters are placed throughout the housing units and common areas that reinforce key information for youths. While adequate, additional posters were added during the auditor's on site visit at the recommendation of the auditor.

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)

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Facility policy requires that staff that conduct administrative investigations of sexual abuse allegations must receive specialized training. Two staff assigned to conduct such investigations have received this specialized training and documentation of training completion was provided. Criminal investigations are conducted by DCI.

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)

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The facility nurse has received training in recognizing the signs of sexual abuse in patients and responding appropriately both in a nurse educational setting and in a former job setting within the last three years. The facility nurse works part time providing triage services, scheduling appointments for community health care providers, and managing medication ordering and control. Medical examinations and treatments are provided in the community. Forensic examinations, if ever needed, are provided in the community at a designated hospital. The nurse receives informed consent (from resident's age 18+) before reporting about prior sexual victimization that did not occur in an institutional setting. The clinical supervisor (mental health provider) at the facility received appropriate training as part of the process to become a Licensed Professional Counselor, and completed the NIC online specialized training. She also provides informed consent.

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.

Sequel Transition Academy conducts comprehensive screening and assessment of youth, including use of a standardized instrument that screens for propensity for sexual violence or victimization. Policy requires that this screening occur within 72 of intake. Elements of the standardized instrument in use were recently modified to ensure compliance with this Standard. Those modifications have been institutionalized and documentation of completed screenings using the modified instrument were provided. Policy also requires that the youth's risk level be re-assessed twice each year.

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)

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The screening instrument rates each youth as a likely victim, likely aggressor, or neither. Housing decisions (top or bottom floor) and bedroom assignments, and if or as applicable other aspects of daily living are made based on screening information. The screening instrument has a built-in section for summarizing the screening information obtained and documenting the resultant decision on housing/bed assignment. The facility does not use or have isolation rooms so certain subsections of the standard do not apply. Policy prohibits placing LGBTBI youth in restrictive housing solely based on such identification status. Decisions on housing or other elements of daily routine are made on a case-by-case basis.

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.

The agency provides youth with multiple ways to report sexual abuse and sexual harassment allegations and informs youth of these reporting options during orientation. In addition wall posters remind youth of these options. An outside reporting option exists that can be utilized by youth privately. Calls made using the outside reporting option reach CPS and the state's Ombudsman. All youth interviewed were able to list multiple reporting options, including the outside reporting option. All staff interviewed stated that they are required to accept verbal, written, and third party allegations and that they must act immediately upon receiving such reports in accordance with facility policy and their training (separate victim, preserve evidence, rope off incident scenes if known, inform supervision immediately, be available for interviews from officials such as investigators, and limit discussion of incident details to those that need to know.) Staff must document allegations by the end of their shift, per policy. Staff have options for reporting privately, including use of the CPS abuse reporting line, and are informed of these options through training and orientation. Youth are provided with materials and assistance if required in making reports.

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.

Youth may submit a grievance alleging sexual abuse or harassment without submitting it to the staff that is the subject of the allegation. No informal processing of grievances is required, and there is no time limit set on when a youth may report an allegation of sexual abuse. Policy regarding the processing and answering of grievances fall within the PREA time limits. Facility policy requires that grievances be answered within five days. Policy requires that the youth receive a written answer to the grievance and that emergency grievances be answered within 48 hours. There were no youth listed as having been disciplined for intentionally filing a malicious grievance. There were no third party grievances filed. Policy requires that third party grievances be accepted and processed in the same manner and time frames.

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.

Sequel policy requires that if it is indicated during the screening pursuant to 115.341 that a student has experienced prior sexual victimization (regardless of the setting), staff conducting the screening must ensure that the student is aware that they may follow up on the subject with a medical professional during their new admission physical, which takes place within seven days of their admission, and will ensure that the student has a follow up appointment scheduled with the Sequel Transition Academy's therapist within 14 days. Information relative to this is only shared with those that must know to deliver treatment or safety plans. Reporting of prior sexual victimization that occurred in an institutional setting must be reported and informed consent provided for youth age 18 and above. The Compass Center (in accordance with the Memorandum of Understanding) will assess the need for, and will provide if necessary, any medications to prevent sexual transmitted infections, and assess the need for, and provide if necessary, emergency prophylaxis. Appropriate medical and mental health evaluation and treatment is offered and provided to any student who has been victimized by sexual abuse in any prison, jail, lock up or juvenile facility. Sequel policy requires that evaluations and treatment of such victims will include follow up services, treatment plans and referrals for continued care when necessary and as appropriate. All medical and mental health services provided to a student will be at no cost to the victim, per policy. This information is provided to residents in the resident handbook. Wall posters reinforce this PREA benefit. There were no incidents during the previous 12 months that resulted in a resident needing a forensic exam or outside advocacy. Although it has not occurred or been requested in the past 12 months, it is known that Compass will provide confidential counseling by phone or in person if requested by a youth.

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 can be made by calling the SD Child Protective Services number. These reporting options are posted in the facility and on the Sequel website. Staff are trained as mandatory reporters. Staff interviews indicated that staff were aware that they—or any citizen—could call the CPS line and report anonymously. Youth were also aware of this, however the majority of youth interviewed stated that they would be comfortable going to staff, or to Administrators including Ms. Rotter, Mr. Crable, Ms. Abels, Mr. Davis, or Director St. Pierre, to report any allegation or suspicion of sexual abuse. Youth interviewed demonstrated a high degree of trust in staff and belief that staff would take them seriously and would protect them.

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.

Agency policy requires all staff to immediately report any knowledge, suspicion or information that they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of an agency. Policy lists specific protocols for this and staff are trained on these protocols and on the requirements to report. All facility staff are also mandated reporters under state law. Policy directs staff to not discuss the information with anyone except Supervision, investigators, or others that need to know. Staff interviewed were well-versed in their responsibility to report. Staff interviewed consistently stated that reporting must occur immediately.

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.

Facility policy requires that if staff learn that a resident is subject to a substantial risk of imminent sexual abuse that immediate steps are taken to protect the resident. There were no reports listed by the facility of this occurring in the past 12 months.

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.

Policy requires that the facility Director notify the head of another facility within 72 hours if the Director receives an allegation that sexual abuse occurred in the other facility. All other reporting obligations still apply to the Director that received the report. No such reports were received or forwarded during the past 12 months. In addition, no reports were received from other facilities alleging that a youth had been sexually abused at Sequel Transition Academy.

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 staff were consistently able to list the steps that must be taken when an allegation of sexual abuse has been received, in accordance with policy. Policy details the protocol in accordance with the standard, and staff receive training on this. All staff are considered “first responders” and “security staff” as is typical of a small, staff-secure (low security) facility.

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.

The facility developed a written institutional plan that lists actions that must be taken by various personnel in response to an incident of sexual abuse. The plan is listed in policy. Staff and specialized staff were able to list specific responsibilities and actions that they would need to take in the event of an incident of sexual abuse.

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.

There is no collective bargaining or union contract associated with the agency / facility so this standard does not apply. Facility Administration is in no way restricted in its ability to protect residents from contact with abusers.

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.

Facility policy lists the youth's right to be free from sexual abuse and to be protected from retaliation for reporting abuse. Policy requires that the facility Director must employ multiple protection measures, for example housing changes, removal of offending staff or youth from contact with the victim/reporter, or other measures as needed to ensure protection. Policy requires that for at least 90 days the treatment of the youth must be monitored. Monitoring is done by a designated administrative staff. During the onsite visit a template was developed that will help the monitor organize and document monitoring activities. There were no incidents of retaliation reported in the 12 month audit period.

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.

The facility does not have or use isolation rooms, behavior modification rooms, or protective custody. This standard does not apply.

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.

Administrative investigations are conducted by one of two facility administrators that have received specialized training. Training documentation was provided. Criminal investigations are conducted by Children’s Protective Services in collaboration with police and/or DCI. There were no allegations of sexual abuse that appeared rise to the level of criminal behavior in the past 12 months, hence no referrals. Policy requires that referrals be made if there does appear to be criminal behavior. Policy requires that investigations not be terminated because the complainant recants the allegation, and policy requires the records of these types of allegations be kept in accordance with the Standard’s record retention schedule.

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.

Sequel Transition Academy policy states that a determination will be based on the preponderance of evidence gathered during the course of the investigation.

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.

Sequel policy requires that residents be informed of results of investigations, in accordance with the Standard. The policy mirrors Standard language. The policy is less clear on how, verbally or in writing, the notifications will be made. There were no allegations of staff-on-youth sexual abuse or sexual harassment during the past 12 months. There were no youth-on-youth allegations that were criminal in nature.

Recommendation:

List in policy that such notifications will be made in writing, and list whom will be responsible for making the notifications. This will eliminate any guesswork on facilitating this task. Maintain a log that lists when such notifications were made, to whom they were made, and by whom they were made. This will ensure the creation of solid documentation of this activity. Compliance in this area is weaker than compliance with many of the other standards. A simple policy modification followed by compliance with the policy going forward will ensure and enhance continued compliance going forward.

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.

Per the Employee Handbook/Policy, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There were no allegations of staff sexual abuse in the past 12 months. Per policy, criminal activity must be reported to law enforcement, even if the employee leaves the agency.

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.

Per Sequel Policy, all contact between a volunteer/intern/contracted employee and students will be prohibited when an allegation of sexual abuse is received, until the investigation has been completed. In the event of exoneration upon conclusion of an investigation, no further action will be taken and normal responsibilities will resume. If criminal or non-criminal wrongdoing is concluded, Sequel Transition Academy must terminate the contract of contractor and/or end the relationship with the volunteer/intern and report any criminal activity to proper 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.

Sequel policy lists all of the following: Residents are disciplined only upon an administrative or criminal finding that the student engaged in resident-on-resident sexual abuse, and any disciplinary action shall commensurate with the nature and circumstances of the abuse committed, with the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process will consider whether a resident's mental disabilities or conditions contributed to the behavior. Disciplinary action will only be considered for resident sexual contact with a staff member if there is an administrative or criminal finding that the staff member did not consent to such contact. There are no isolation rooms and isolation is not used at Sequel so some subsections of this Standard do not apply. The student PREA Orientation and Student Discipline policy was amended to include required language prohibiting that a youth be subject to discipline for making a report of sexual abuse if the report is made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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.

Policy requires that residents that have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. The screening must happen within 14 days, and includes both the option of a medical referral and a referral to speak with a mental health practitioner. There were no youth that disclosed prior sexual victimization during the reporting period, according to the pre-questionnaire, and no youth interviewed stated that they had disclosed prior victimization. Residents that have perpetrated sexual abuse are provided with the same benefit. Information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. Both the facility nurse and the Clinical Director judged the medical and mental health services to meet or exceed standards of treatment offered in community care. Residents have an appeals process that may be exercised if they do not feel the services are at an acceptable standard. Compass Center is a collaborative partner with Sequel in providing services.

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.

Victims of sexual abuse are offered timely, unimpeded access to emergency medical treatment and crisis intervention services per policy. The nature of these services is determined by medical and mental professionals. Information on sexually transmitted infections prophylaxis must be provided. Policy also requires that these services be provided at no charge; all routine medical services must also be provided at no charge. Services are not denied regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

Policy requires that a sexual abuse victim be referred for services. Information on sexually transmitted infections prophylaxis must be provided in a sensitive, understandable, and culturally competent manner. Policy also requires that the facility attempt to conduct a mental health evaluation of all know resident-on-resident abusers within 60 days of learning of such abuse history and provide treatment as deemed appropriate. There were no sexual abuse victims that required or sought these services during the reporting period.

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.

Facility management must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedies. A template organizing and structuring necessary elements of the incident review process was developed and implemented during the pre-audit preparation. There has been no cause to use the new review form as of yet but its use is required so it is considered to be an institutionalized practice; the low incidence of allegations or incidents at the facility might make use of the format infrequent. The Incident Review Team is listed as the PCM, the Director, and the Retaliation Monitor.

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/facility is required to collect uniform data on allegations of sexual abuse from its facilities. Data collected must be, at a minimum, the data necessary to answer all questions from the Survey for Sexual Violence (SSV). Sequel Youth and Family Services, as an “agency” operating facilities in multiple states, listed the PREA requirements for data collection and the definitions of sexual abuse and sexual harassment on its web page. Data reporting on the web page for the Sequel Transition Academy facility was amended and reposted, as part of the annual report, to reflect the facility data. Statewide data and a comprehensive annual report for South Dakota facilities are listed on the state’s Department of Corrections website. The South Dakota Department of Corrections does comply with this standard given that they have both the data collection report and the annual report on their website. By posting the facility data and report on the Sequel Transition Academy webpage, the facility is also compliant per the FAQ page on the PRC website under Contracts.

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.

Under this standard the agency, Sequel Youth and Family Services, must review data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Assessment must include identifying problem areas, listing any applicable analysis and corrective actions that can be taken to address problem areas. The annual report must include a comparison of the current year’s data to those of the prior year and assess the agency’s progress in addressing sexual abuse. This report must be posted on the agency’s website. Data reporting on the web page for the Sequel Transition Academy facility was amended and reposted, as part of the annual report, to reflect updated data specific to the facility. Other required elements pertaining to the annual report were compliant. The report does not include comparison data because 2013 data was incomplete due to the fact that the facility was a startup in 2013, hence there was not a full reporting year for comparison to 2014 data. Going forward the facility is committed to conducting data comparison and analysis however it is impossible for to occur for this period. As such the facility is not out of compliance with those subsections of this Standard. Statewide data and a comprehensive annual report for South Dakota facilities are listed on the state’s Department of Corrections website.

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 was posted on the agency/facility website. Practices for the storage and destruction of data are satisfactory.

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.

Patrick Sussex

July 23, 2015

Auditor Signature

Date