

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: [Click here to enter text.](#)

Auditor Information			
Auditor name: Steven Jett			
Address: 21023 Briarwood Dr. Greenleaf, ID			
Email: sjett.preajuvaudit@gmail.com			
Telephone number: 2084590602			
Date of facility visit: January 16-19, 2017			
Facility Information			
Facility name: Lakeside Academy			
Facility physical address: 3921 Oakland Dr. Kalamazoo MI 49008			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 269 381 4760			
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: Steve Laidacker			
Number of staff assigned to the facility in the last 12 months: 131			
Designed facility capacity: 124			
Current population of facility: 122			
Facility security levels/inmate custody levels: Secure, but campus-style academy			
Age range of the population: 11-17			
Name of PREA Compliance Manager: Erin Newton		Title: Click here to enter text.	
Email address: erin.newton@sequelyouthservices.com		Telephone number: SAA	
Agency Information			
Name of agency: Sequel Youth 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> Click here to enter text.			
Telephone number: 2568803339			
Agency Chief Executive Officer			
Name: Susanne Young		Title: VP Operations	
Email address: Susanne.young@sequelyouthservices.com		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Sonja Schierling		Title: Click here to enter text.	
Email address: Sonja.schierling@sequelyouthservices.com		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

The on-site visit portion of the PREA audit of the Lakeside Academy in Kalamazoo, MI was conducted from January 16 to January 18, 2017. Upon arrival, a meeting was held with Erin Newton PCM, Dan Stacer Controller, Chris Behnke Admissions, Samantha Dunham Quality Assurance, Brad Hodge Program Director and Evan Wouters MH.

During the meeting, the scheduling of activities was discussed, along with scheduling a wrap-up meeting on Wednesday. I also discussed some of the things that caught my attention during the document review that was conducted prior to the audit visit.

It was decided because of the weather that the tour of the facility would be postponed until the next day or Wednesday morning.

Interviews with youth were conducted following the initial meeting and lasted all day on January 16. Nineteen residents were interviewed. Residents were picked at random by me from a roster, with at least three picked from each dorm. One of those selected was out on a home pass, so the next person up the list was picked. As interviews progressed, three of those initially selected were involved in family visits or basketball practice, so I allowed the staff member to choose one from the next group to replace the unavailable resident. As a result, only two residents of Poseidon dorm were interviewed, all other dorms had three-four residents represented in the interviews.

I arrived at the facility early on January 17 to interview two overnight staff as their shift ended. Staff interviews were interrupted to take a tour of the facility. The tour was conducted by Erin Newton and Brad Hodge. All dorms and all buildings where residents had access were toured. The building under construction was included. Throughout the tour, residents were super polite and seemed to clamor to shake my hand and ask how our day was going. Staff interviews reconvened after the tour.

A final meeting was held on January 18 with admin staff. A few items were discussed that would need to be brought into compliance. Those items are listed through the body of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

Lakeside for Children was established by community leaders in 1907. The original facility was a farmhouse on 46 acres of land and first served nine boys who worked the grounds to learn employable agricultural skills and attended community schools. Over the years, Lakeside grew into a 79-bed facility that served boys, girls and sexual offenders. In July, 2007, Lakeside for Children entered into a management agreement with Sequel Youth and Family Services, who began managing the facility under the name Lakeside Academy.

Lakeside accepts the following range of students, ages 12-18, with a full scale IQ of 70 or above who meet the following criteria:

- Impulsivity, irresponsibility and/or lack of self-discipline
- Denial and/or justification of behavior
- History of anger and aggression
- Demonstration of a low degree of empathy
- Exhibition of poor coping skill
- Non-compliance with authority
- Amenable to treatment in a normative culture

The facility's housing consists of nine buildings. The administration building also houses the Zeus dorm. The Apollo and Helios dorms are housed in one building, as are the Heracles and Poseidon dorms. The girl's dorm, Athena, is housed in a separate building. Other buildings on campus include the Dome (basketball court), the Atlas building (weightlifting/workout), the maintenance barn, and the Wellness Center (still under construction). Student movement is well monitored and orderly. An older building was recently demolished.

The residential program is a highly structured program for male youth who are in need of an out-of-home placement. The average length of stay is 6-9 months. The program's goal is to prepare young men for a positive future by identifying strengths and weaknesses. Once identified, staff and students work together to enhance the student's positive qualities and promote social change through normative culture influence.

The Adolescent Sexual Offender Treatment Program serves males with sexually aggressive behaviors, who are 12 to 18 years of age. Anticipated average length of stay will be from 9 to 15 months. The treatment philosophy focuses on behavioral and cognitive change through the establishment of a positive peer culture, as well as offender-specific treatment services.

Lakeside Academy operates a highly structured residential program for girl's ages 12 to 18 who are struggling with behavior problems such as aggression, substance abuse, anger management, lying, or school failure. Girls in need of an out-of-home placement can expect to work toward a positive change during the average 6 to 9 month long stay at the academy. Once goals are identified both staff and students cooperate to utilize the students' strengths and promote lasting change through a normative culture.

All students residing at Lakeside Academy attend school 30.5 hours per week on campus, which is operated on a year-round basis by Kalamazoo Regional Education Services Agency (KRESA). The education department focuses on the four core disciplines of education: English, Math, Science and Social Studies. The education department works to create an educational plan that follows the graduation requirements of the student's home district which allows Academy work to transfer back to the student's home district. In addition to traditional coursework, students are also offered the chance to work toward the completion of the General Educational Development (GED) test. The school is located in the same building as the cafeteria. Movement in the building is well controlled and supervised by staff at strategic locations. Bathrooms are also well monitored to allow only one student at a time to enter.

Vocational opportunities are available to enhance job skills and assists students in developing a work ethic. Students are expected to budget money and pay outstanding restitution.

Students participate in daily physical fitness training, which is designed to give students the opportunity to experience the physical and emotional benefits of healthful living and exercise. Additional benefits of this training are increased self-esteem, discipline, confidence and leadership skills. At present, the gym is in a domed structure which houses a basketball court, and the Atlas building holds a weight room which would be the envy of any public school. The new Wellness Center, when complete, will house a new gym and various classrooms.

All students admitted to Lakeside Academy will be provided with adequate medical and dental care as determined by qualified medical personnel. An initial nursing assessment takes place within 24 hours of arrival followed by a complete medical exam within one week of admission.

The Lakeside Academy Titans Club reflects the positive peer culture's need to identify and give exposure to acknowledged positive student leaders. A Titan serves as a role model and representative to the rest of the student body. In order for a student to be considered for membership in the Titan Club, they must display and practice strong, positive leadership abilities or the potential to develop these skills with direction and practice. The student will receive the Titan status upon review and recommendation of their treatment team.

The Initial Contact Form for Lakeside Academy, which summarizes the essential information on the student being referred, is completed by staff during the first telephone call. This information includes the student's age, gender, presenting issues, current and past placements, custody, strengths and interests, safety issues, diagnosis, and a summary of what the referral source would like to see accomplished if the student is placed. This phone call also starts the PREA assessment that is mandated in Standard 115.341. At the conclusion of the call, Lakeside Academy staff will let the referral source know:

- if the Lakeside Academy program is likely to be appropriate for the student being referred
- additional information that may be needed
- the next step, such as scheduling an interview including a timeline for possible placement

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: 3

Number of standards met: 36

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.

Policies in place and practices were observed to confirm that facility is in compliance.

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.

Not applicable, as Lakeside does not contract with any other facility to hold its residents.

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.

Lakeside Academy presented a good staffing plan. Their licensing regulations are strict, and they must report to BCAL any variation or violation of their standard. They recently reviewed the staffing plan and made significant changes in teams, assignments and shifts. This should impact their efforts to combat sexual abuse in a positive way.

As the facility admitted that they were a staff-secure facility, where staff do have a responsibility to pursue absconders, they must meet the standards that are reserved for secure facilities. This should not be a problem. The staff ratio mandate, which goes into effect on October 1, 2017, is 1:8. By Michigan Licensing, Lake side is at at least 1:6, with some areas of the facility at 1:5, and at least one unit at 1:4. Any deviations from this ratio would need to be reported to licensing, but should still be within the 1:8 ratio when it is in effect.

Lakeside recently did a full analysis of their staffing plan and redid team assignments, shifts. The results of that were implemented at the beginning of 2017.

The other mandate is for supervisory staff to do unannounced rounds. This is in the Lakeside policy anyway, and supervisory staff already do rounds that would clearly qualify as unannounced PREA rounds, meant to identify and deter sexual abuse. The required action will be to simply document those rounds.

REQUIRED ACTION: Document unannounced rounds and submit documentation to auditor.

During the Corrective Action Period, the facility furnished me with adequate proof that unannounced rounds are being conducted at a very acceptable rate and that they are also 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.

Lakeside Academy does not do any searches that require touching the body of the resident. The most intrusive search is the “safety check” that is completed after the resident returns from any off-campus trip. Staff have the person empty pockets, loosen belt, run their own fingers around the waistband, do jumping jacks, etc. No touching is included in these searches.

The cross-gender announcement was heard by most students, and confirmed by most staff, but there were a couple students that said that they did not hear it. I believe the announcement is being made, but asked Lakeside to reiterate the need to announce in staff meetings that occur weekly. They considered telling staff to make announcements at times when all could easily hear it, such as when they were lined up immediately before movement, or in the school.

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.

It was determined that the Lakeside Academy is in compliance with this standard. Lakeside is not a local detention center or a state-run correctional center, which, by nature, must admit any or all that are committed by law enforcement or the courts. The Academy can be specific in selecting students to attend. Students who may be LEP, or have severe sight or hearing impairments would not be successful in their program, therefore are not admitted. Lakeside does make sure that any resident with sight or hearing issues is given corrective lenses or hearing aids.

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.

Lakeside exceeds the requirements of standard 317 for the most part. They do child abuse registry checks and background checks every single year. Every employee file that I checked confirmed that they were done in 2016. The only part of 317 that was not in compliance is 317f, asking the questions listed in 317a during evaluations of ongoing employees. They will incorporate a form for compliance with that standard.

REQUIRED ACTION: Implement a form to be used during regular evaluations of employees which ask the questions listed in 115.317a.

During the Corrective Action Period, the facility furnished new forms that will be utilized that ask questions about behavior listed in 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)

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.

Although one building is presently under construction, Lakeside Academy has made no other significant changes to the physical plant since the last audit, with the exception of the demolition of one older building. Cameras had been added to the administration building/Zeus dorm before the last audit.

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.

Lakeside Academy does not conduct investigations, either criminal or administrative. Local law enforcement and CPS will conduct. The local hospital, Bronson Methodist Hospital was contacted by me on January 17 and I was assured that the ER at Bronson has SAFE and/or SANE available.

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.

All allegations are referred to CPS for investigation as well as Kalamazoo Public Safety if there is suspected criminal behavior.

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.

It was determined that staff were deficient in first responder issues listed in 115.364a3, 4. There was also one part of policy that did not meet the requirement of 115.364a4. The facility agreed that the policy will be updated and training will occur to strengthen staff knowledge of the first responder duties. It was also suggested that first responder cards are given to all staff to include in their ID badge pouch that they were at work.

Also found to be deficient was staff knowledge that they can take a third party report from another resident. It was agreed that this mistaken interpretation stemmed from a training slide that mentioned that residents cannot speak for another resident (misinterpreted from the prohibition on resident interpreters in 115.316) It was agreed that the training slide will be edited and that staff will be trained that they must take third party reports.

REQUIRED ACTION: Update PREA policy to list first responder duties listed in 115.364a1-4. Train staff and forward staff training records to auditor.

Prior to the end of the corrective action period, the facility furnished me with updated training materials which met the requirements of 115.331.

REQUIRED ACTION: Train staff that they must take third party reports from residents and forward staff training records to auditor.

Prior to the end of the corrective action period, the facility furnished me with updated training materials which met the requirements of 115.331.

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.

Volunteer and contractor training meets standard. Very few contractors or volunteers used.

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.

Interviews confirmed that intake resident education is being completed. Interviews with Intake and Group Living Director confirmed that the 10-day resident education sessions were not. Random inspections of resident files confirmed this. Documentation of the intake session is excellent. There were a couple opportunities identified when youth could easily be given the 10-day resident education sessions.

REQUIRED ACTION: Start 10-day resident education sessions as soon as possible and forward documentation to the auditor.

During the Corrective Action Period, the facility submitted adequate records showing 10-day resident education was being completed and documented.

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.

All investigations done by outside entities.

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.

Medical and Mental Health staff interviews were very good. All have had the necessary training.

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.

It was confirmed during the initial meeting that the intake questionnaire does not affirmatively ask LGBTI status.

REQUIRED ACTION: Lakeside Academy’s intake assessment form must be edited to include asking each resident at intake whether they consider themselves to be LGBTI. Wording was suggested by the auditor, but the facility can use any wording as long as they ask the question.

During the Corrective Action Period, the facility submitted an updated packet that included the LGBTI question that will be asked verbatim during all admissions.

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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Screening information is used effectively to place residents in dorms and school groups. Information obtained by the screening process is locked in file, which is only accessible by select few management personnel to make placement and housing decisions. Also, the constant involvement of group living staff ensure that reassessments are frequent and thorough.

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)

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Mutiple reporting methods are available, and interviews confirmed that residents are aware and understand the different methods.

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)

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Based on observed logs, policies, procedures, records, the facility was found to be in compliance with this standard.

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)

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YWCA is still available for residents for support services.

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)

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Third party reporting methods are in place and information regarding reporting is available on the Lakeside Academy website.

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)

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Based on observed logs, policies, procedures, records, the facility was found to be in compliance with this standard.

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)

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corrective actions taken by the facility.

Based on observed logs, policies, procedures, records, the facility was found to be in compliance with this standard. All staff interviewed knew that they could immediately act in order to keep residents safe. Unit changes are available if there are any problems, along with several other remedies.

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)

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Based on observed logs, policies, procedures, records, the facility was found to be in compliance with this standard.

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.

It was determined that staff were deficient in first responder issues listed in 115.364a3, 4. There was also one part of policy that did not meet the requirement of 115.364a4. The facility agreed that the policy will be updated and training will occur to strengthen staff knowledge of the first responder duties. It was also suggested that first responder cards are given to all staff to include in their ID badge pouch that they were at work.

REQUIRED ACTION: Update PREA policy to list first responder duties listed in 115.364a1-4. Train staff and forward staff training records to auditor.

Prior to the end of the corrective action period, the facility furnished me with updated training materials which met the requirements of 115.364..

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)

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Based on policies, procedures, and interviews with staff, the facility was found to be in compliance with this standard.

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.

No collective bargaining. Not applicable.

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.

Although monitoring is assigned to the PREA Compliance Monitor, all staff involved with group living will meet often with all residents and discuss any problems. Unit changes are available if there are any problems, along with several other remedies. Status checks are done very frequently.

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.

No Isolation used.

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.

CPS does investigations along with KPS. CPS does report back to facility. Any allegation that appears to be criminal are referred for investigations and prosecutions.

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.

Based on policy and interviews with administration, the facility is in compliance with this standard.

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.

Although not many reviews are necessary due to the low number of allegations at Lakeside, they have adapted a form made available by another Sequel facility that will fully meet the requirements of 115.373, as well as 115.386.

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.

Policy regarding discipline of staff members meets all requirements of this policy. No staff have been disciplined for sexual abuse, therefore no records exist to examine.

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.

Policy on contractors and volunteers meets all requirements of standard.

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.

Policy regarding disciplinary procedures for residents meets all requirements of this standard. Also, no isolation is ever used.

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.

Policies and procedures were more than adequate for this standard. Interviews with medical and mental health practitioners went very well, confirming that that facility is in compliance with 115.381.

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.

Policies and procedures were more than adequate for this standard. Interviews with medical and mental health practitioners went very well, confirming that that facility is in compliance with 115.382.

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.

Policies and procedures were more than adequate for this standard. Interviews with medical and mental health practitioners went very well, confirming that that facility is in compliance with 115.383.

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.

Although not many reviews are necessary due to the low number of allegations at Lakeside, they have adapted a form made available by another Sequel facility that will fully meet the requirements of 115.386, as well as 115.373.

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.

Based on records and published information, the facility is deemed to be in compliance with 115.387.

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.

Information, reports and necessary information is posted on the web.

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.

Based on retention policy, along with interviews with administrators, facility is deemed to be in compliance with 115.389.

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.



Auditor Signature

July 8, 2017

Date