

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 14, 2016

Auditor Information			
Auditor name: Jerome K. Williams			
Address: 17921 Maxa Dr Manor, Texas 78654			
Email: jkwmss@netzero.net			
Telephone number: 512-636-8137			
Date of facility visit: May 25 th -27 th 2016			
Facility Information			
Facility name: Everyday Life Inc. Residential Treatment Center			
Facility physical address: 6955 Broach Road Bryan, Texas 77808			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 979-412-3891			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Fred Payton			
Number of staff assigned to the facility in the last 12 months: 32			
Designed facility capacity: 44			
Current population of facility: 40			
Facility security levels/inmate custody levels: Medium Restriction			
Age range of the population: 10-17 years of age			
Name of PREA Compliance Manager: N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Everyday Life Inc. Residential Treatment Center			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 6955 Broach Road, Bryan, Texas 77808			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 979-412-3891			
Agency Chief Executive Officer			
Name: Fred Payton		Title: Executive Director	
Email address: fredpayton@msn.com		Telephone number: 979-412-3891	
Agency-Wide PREA Coordinator			
Name: Cedric Payton		Title: Director of Administration	
Email address: cedricpayton@msn.com		Telephone number: 979-412-3891	

AUDIT FINDINGS

NARRATIVE

The PREA Audit was conducted on May 25th to May 27, 2016 at the Everyday Life Inc. Residential Treatment Center in Bryan, Texas, a non-secure, Title IV E, not for profit facility. The audit was conducted by the certified PREA Auditor for Juvenile & Adult Facilities, Jerome K. Williams.

Following the entrance meeting a thorough tour of the facility was provided by the PREA Coordinator. Continuing on this first day of the audit a comprehensive listing of the youth and staff was requested and provided for the interviews with the necessary adjustments being made to compensate for schedule changes, etc. During the tour random interviews were conducted of youth and staff to ascertain their knowledge of the PREA Standards, reporting procedures, services available and their reporting responsibilities. A total of 12 youths were scheduled to be interviewed but only 10 were interviewed during this onsite visit. The youth acknowledged receiving PREA training, written information (i.e. resident handbook, hotline numbers, Break the Silence posters, and brochures) and were informed of related policies that outlines the facility's zero tolerance towards sexual abuse, sexual harassment and their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations.

A total of 8 specialized staff members were interviewed comprising of the Agency Head, the Director of Operation, the Program Director, the PREA Coordinator, the Treatment Director, an Intake staff, the Consultant, and a member of the Sexual Abuse Incident Review Team were interviewed. A total of 10 random staff members were interviewed also. The staff interviewed were knowledgeable of their responsibilities in reporting sexual abuse and sexual harassment allegations, staff negligence and the steps required in monitoring for staff and or youth for retaliation. When questioned about evidence preservation, all the staff responses reflected their knowledge of the agency's policy and their first responder duties. There were no SAFE and or SANE personnel at this facility but they were available at the St. Joseph Hospital in Bryan, Texas and or the Baylor Scott and White Hospital located in College Station, Texas. The hospital personnel indicated that they are aware of the SANE protocol to be implemented if the facility were bring a youth there for a SANE examination and they also provided training to all of their staff on their first responder responsibilities and duties.

The auditor reviewed blind spots, staff placement, supervisory presence, toured the facility's administrative area and the 3 Cottages; and reviewed all of the required documentation to assist in determining this facility's PREA standard compliance. Upon completion of the onsite audit an exit meeting was held with the Agency Head, the Director of Operations, the PREA Coordinator, the Treatment Director, Human Resource Administrator and other members of his administrative team. The facility was provided with a general overview of the audit process, audit highlights, which included a synopsis of the files and documentation reviewed, the staff and youth interviews highlight and observation made during the facility tour. During the debriefing the auditor informed them that in the event there were standards not met that he would work closely with the agency's PREA Coordinator to assist him in accomplishing them within the 180 day corrective action period, if applicable, towards 100% PREA compliance. They were also informed that all of the corrective action documentation required to demonstrate compliance with a "did not meet" standard is to be uploaded on a USB Drive and sent to the auditor within the agreed upon timeframe within the corrective action period. A period of institutionalization of any practice or protocol would also be required during this corrective action period if applicable. Furthermore, after the submission, review of the required corrective action documentation and the institutionalization of any applicable practice and protocols is achieved, then the agency will receive their Final Report. The Final Report will be required to be posted on the agency's website once issued.

This report is considered to be the Interim PREA Audit Report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Everyday Life Inc. Residential Treatment Center is a 44 bed, non-secure, Title IV E treatment facility licensed by the Texas Department of Family and Protective Services located in Bryan, Texas with the mission to provide a safe, sanitary and nurturing environment to its children. They are provided the opportunity to reach self awareness in a structured environment, which allows privileges as they relate to a systemic behavior program. Everyday Life Inc. provides the opportunity for each child to achieve his personal goals by providing specialized programs and trained professionals to provide treatment for severely disturbed children. Their primary goal is to establish an approach in treatment that makes use of all aspects of the child's living environment as therapeutic tools. Therapeutic recreation, education, passes and scheduled outings, quiet time, etc. are all carefully programmed and monitored.

On the day of the audit there were 40 youths assigned to the facility in totality. The facility provides professional custodial care, crisis intervention, counseling, education, and other services through counselors, clinical staff, and a licensed psychologist that provide a wide variety of treatment services grounded in evidence-based principles and cognitive behavioral interventions including relationship-based and strength based services. They also provide individual, family and group counseling, substance abuse treatment, psychological evaluations, aggressive management, case management, community service, life skills, drug education, Anti-victimization, and social skills for daily living. The youth assigned to this facility attend school either at Navarro Elementary, Davila Middle School, or Rudder High School in Bryan, Texas.

The facility has 3 Cottages all comprising of a kitchen area, dining/dayroom area, 2 cottages with 16 open bay bunkbed (8 on each side of the Cottage), and 1 cottage with 6 open bay bunkbeds, each youth had their own locker assigned for storing their personals, an Administrative building with numerous offices, a receptionist area, 1 conference room, 1 industrial kitchen utilized to train the youth in culinary arts and catering, a large outside basketball court for recreation, a maintenance shop and a soccer field which all sits on 60 acres. The showers areas in each Cottage are individual, private showers with door as well as the toilet facilities were located on each of the open bay sides of the cottage. There are no cameras in this facility. Shower routines are conducted by male staff only since this is an all male youth facility. Staff of the opposite gender do announce their presence when entering the Cottages of the opposite gender and the facility was operating safely, observably clean and the staff to youth interaction was appropriate during the days of this onsite audit visit.

SUMMARY OF AUDIT FINDINGS

The Everyday Life Inc. Residential Treatment Center is a non secure, Title IV E facility which has an administrative building, three (3) Cottages (housing areas), a large recreation area for basketball and soccer, each Cottage has its own kitchen for preparing meals, the administrative area has an industrial kitchen for teaching culinary arts and catering which were all clean, well maintained, staffed accordingly and operating orderly during the days of this onsite visit. The PREA and End the Silence posters were displayed having the hotline number on them, the PREA Audit Notices were displayed in each Cottage on green colored paper to be easily distinguished, observably there was appropriate staff to youth ratios 1:5 during waking hours and 1:15 during sleeping hours, 1:1 for close observation and the shift supervisors were visible in each Cottage and throughout the facility especially once the youth returned from public school. There are no cameras installed in this facility but it was recommended that the installation of cameras, if funding becomes available, be placed in areas to cover any blind spots i.e. utility closets, hallways, dining area, etc in and throughout each Cottage and administrative area to further augment staff's supervision and monitoring. The 10 residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment, how to report such incidents and their rights to be free from retaliation if they report a sexual abuse and sexual harassment allegation. They were not as knowledgeable of the Child Advocacy Center, which is the outside advocate agency that would provide emotional support and crisis counseling services related to sexual abuse if needed. It was noted that the youth's knowledge of PREA was limited after the initial Intake since the focus was more on informing the youth, which the majority of them were Department of Family and Protective Services youths (CPS) about how to report an abuse, neglect or exploitation incidents. It was recommended that the Program and Treatment Director provide more comprehensive education of PREA to the youth by showing and discussing with them the Safeguarding Your Sexual Safety DVD or similar video during the orientation phase to enhance their knowledge while providing all the youths with a hard copy of the PREA-related brochures and information during this time. The eight (8) specialized staff members and the ten (10) random staff members interviewed were knowledgeable regarding the facility's reporting procedures, the facility's draft PREA policy, they were able to articulate the facility's protocol for collecting evidence, they were somewhat limited in their knowledge of their first responder's duties and the procedures to be followed in a situation when they become knowledgeable of, suspect or are notified of a sexual abuse allegation. A review of the youth, staff training and personnel files did contain the required documentation in accordance to the standards to demonstrate their compliance in these areas which also provided more insight as to their preparation for this audit and their practice towards preventing, detecting and responding to sexual abuse, sexual harassment and staff neglect policy violation. During the past 12 months the facility reported that there were zero administrative and zero criminal investigative cases, including zero grievances alleging sexual abuse and sexual harassment in this facility. This facility is licensed by the Department of Family and Protective Services, a division of the Department of Health and Human Services whereas they have less than 51% of juvenile justice youth in their population but the Agency Head felt that by becoming compliant with the PREA standards this would only enhance their sexual safety practices and further demonstrate to the juvenile justice agencies whom they contract with of their intentions towards keeping the youth sexually safe while in their facility. Of the 41 standards this facility was found to have "met" 24 of the standards, "did not meet" 15 of the standards and had 2 "not applicable" at the conclusion of this onsite visit. A corrective action plan will be developed in conjunction with the PREA Coordinator, the facility will receive this Interim Report within 30 days of last day of the onsite visit and will have 180 days to provide the required documentation and to institutionalize any required practice and protocol with documentation, in order to become fully compliant and receive a Final Report certifying the same.

Number of standards exceeded: 0

Number of standards met: 25

Number of standards not met: 14

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Organizational Chart, Agency Website and Interview with the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center has a draft Zero Tolerance policy towards preventing, detecting and responding to all forms of sexual abuse and sexual harassment. The policy includes a description of how the agency responds to allegations of sexual abuse and sexual harassment as well as how they will go about reducing and preventing these incidents. This draft policy also has definitions that pertained to PREA and it does have sanctions for youth, staff, volunteers and contractors who participate in the listed prohibited behaviors of sexual abuse, sexual harassment and policy violation. The facility's draft Zero Tolerance policy is not posted on the agency's web site for review by this auditor since it is still in draft form. B. The facility does have one dedicated PREA Coordinator who reports to the Executive Director as indicated by the organizational chart provided reflecting this position and he the PREA Coordinator did indicate that he has sufficient time to fulfill his PREA responsibilities during his interview.

Corrective Action Findings: The facility must provide to the auditor a copy of their finalized Zero Tolerance policy as evidence and then have it posted on their website in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, and Interview with the Director of Administration (Contracts Administrator).

Findings: The Everyday Life Inc. Residential Treatment Center does not enter into contracts with other contracting facilities for their youth. A. There were zero contracts of residential providers to be reviewed during the audit process because of this. The facility's Director of Administration indicated that, if it were applicable, the PREA language would be included in each contractor's contract and that they would be reviewed prior to the annual contract renewal period. B. There is no monitoring necessary for PREA compliance with other entities since they do not contract out services with other residential providers thus demonstrating compliance with this standard

Corrective Action Findings: Not applicable
Resolution: N/A

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.

Policies and Evidence to be reviewed: Draft Zero Tolerance Policy, Staffing Plan Assessment and Staffing Plan, Facility Schematics, Memorandum, Annual Board Meeting minutes, Unannounced Rounds log/documentation, Staffing and Youth Roster, Video Monitoring documentation, Director of Operations, PREA Coordinator and Intermediate and Higher Level Staff Interviews.

Findings: The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does require the supervision and monitoring of the youth while in the facility (Cottages). A. The daily average number of youth in this facility is 35 and the staffing plan is predicated on the average daily population total of 46 youths. The facility did provide copies of the facility schematics. B and C. The facility did provide written documentation during the audit that demonstrated compliance with this standard and at no time has the facility deviated from their staff-to-youth ratio of 1:5 during waking hours and 1:15 during sleeping hours, which is inclusive of their staffing plan. D. The facility did provide written evidence indicating that the PREA Coordinator and the Agency Head reviews the staffing plan annually and their commitment to adhere to this plan. For fiscal year 2015-16 this plan submitted did not include the hiring of any full time equivalents (FTEs) since they are already exceeding the staff-to-youth ratio to 1:5 during waking hours and 1:15 during sleeping hours that will be required by October of 2017. E. The facility did not provide written evidence of their higher level supervisors conducting unannounced rounds on all shifts though the PREA Coordinator did indicate that this practice does occur. The facility's draft Zero Tolerance policy does indicate that disciplinary action will occur if staff alert other staff of these unannounced rounds and during the random staff interviews they did indicate their awareness of this policy. During the visits to the Cottages I observed the opposite gender staff utilized the announcement method to announce their presence before entering that Cottage and was informed that they are not in the area of these facilities where showering, restroom and changing of clothing by the youth occurs. Because they have private restroom and showers with private doors this is not a problem in this facility. Both the staff and youth confirmed that this practice was occurring during their interviews. This is an all male youth facility.

Corrective Action Findings: The facility must provide a copy of the staffing plan (as provided as an example) and 2 months of Unannounced Log reflecting visits on all shift in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Search Logs, PREA Training Curriculum, Staff and Youth Interviews.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does prohibit cross gender viewing during restroom, changing clothes and shower routines and prohibits cross gender pat, visual body and strip searches absence exigent circumstances. There were no cross gender pat, visual or strip searches conducted by medical personnel or for an exigent circumstance during the last 12 months in this facility as indicated by the PREA Coordinator. C and E. A review of the search logs as well as the staff and youth interviews verified that this prohibited practice does not exist including searching or physically examining a Transgender or Intersex youth to determine their genitalia. This is an all male facility. The PREA Coordinator indicated that he will provide the auditor a memorandum as evidence that further prohibits this practice. D. The youth were able to definitively articulated during the interviews that the female staff do knock and announce their presence when entering their sleeping areas, that they are able to shower, dress and change clothing without being observed by the opposite gender and at no time have a staff member of the opposite gender pat searched their person. The PREA Coordinator provided a copy of the of the Guidance in Cross Gender and Transgender Pat Search raining curriculum from the PREA Resource Center that was utilized to trained this facility's staff and signed training roster to accompany it. The PREA Coordinator did indicate during his interview that all searches are conducted professionally and in a respectful manner consistent with the security needs of the facility. The staff definitively articulated that professionalism occurs at all times during searches during their interviews though none were observed during the facility tour and onsite visit. F. The facility did provide written evidence demonstrating that the staff were trained in cross gender pat searches thous demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Intake and Orientation Documentation, Resident Orientation Handbook, PREA Posters, General Residential operating Manual, Translation and Interpreting Contract if applicable, Bryan Independent School District Agreements, Random Staff and Youth Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center did provide to the auditor a Draft Zero Tolerance policy as well as written PREA material in English and but not in Spanish i.e. handbook, brochures, etc. which the Intake staff provides to the youth during Intake and Orientation. B. The facility indicated that they will utilize their staff for interpreting, translation services as well as the Bryan Independent School District for the provision of further interpreting services for youth who may be deaf, speech impaired, limited in English proficiency, blind and or low vision, or who are psychiatric or intellectually disabled. The facility did not provide the auditor with a listing of the staff who will be utilized as interpreters for Spanish speaking youth though they did not have any in their population. The facility did not identified any youth in their care and custody during this onsite audit to be interviewed as being Limited in English Proficiency or needing other interpreting services in the last 12 months. C. The facility's PREA Coordinator indicated that they do not utilizing youth interpreters, youth assistants or youth readers for reporting sexual abuse and sexual harassment allegation and that this practice would be prohibited in this facility by policy. The facility's Intake staff did not have written PREA-related information to provide to a youth who would enter their facility in Spanish during the onsite visit.

Corrective Action Findings: The facility must provide written evidence that all of their PREA related information has been translated into Spanish, including the Resident Handbook, that it is provided to the youth during Intake and is displayed throughout the facility and on each Cottage in order to achieve compliance in this standard.

Resolution: Pending

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 and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual (Volunteer and Contractor Policy and Agreements), Criminal Records and Child Abuse Registry Check Documentation, Employment Application and Self Disclosure Affidavit, Training Records and Interview with the Director of Personnel.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does consider any incident of sexual abuse and sexual harassment in determining whether to hire, promote or enlist the services of contractors who have contact with the youth. The draft policy states that providing false information will be grounds for termination for omitting information of misconduct. It also provides that a former employee's misconduct will be provided to another agency for substantiated findings of sexual abuse and sexual harassment. B. For volunteers, their services will be terminated and for contractors and the finding will be reported to their licensing authority. An interview with the Personnel Director revealed that the agency does conduct criminal background and child abuse registry checks prior to hiring and promotions. A random review of personnel files corroborated his assertion. C, D and E. The facility did not provide written evidence showing that they did conduct background checks and child abuse registry checks on all current employees, which is also performed every five years even though it was evident in the personnel files. F. The facility did provide written evidence on self reporting requirements of their employees, as evident in the personnel files, and the policy does reference omissions regarding misconduct which shall be grounds for termination. The Personnel Director did indicate that he would provide a sample reference check forms that staff, volunteers and contractors complete for the background checks. The facility’s personnel files, upon review, did reflect documentation supporting that 100% of their staff, volunteers and contractors had background and child abuse registry checks performed during the last 12 months. There were four (4) new hires during this reporting period and zero service contractors and zero volunteers whereas background and child abuse registry checks were conducted and evident in their personnel files.

Corrective Action Findings: The facility must provide copies of the criminal background, child abuse registry checks for their staff, volunteers and contractors for the last 12 month and insert in the finalized Zero Tolerance policy that “an employee must self report misconduct” in order to be compliant with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Facility Onsite Visit, Number of Cameras and their location if applicable,

location Facility Schematics of the Cottages and Administrative building, and interview with the Agency Head and the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center Agency Head and the PREA Coordinator indicated during their interviews that there has not been any modifications or any renovations made in this facility as of August 20, of 2012 and that they currently have zero cameras in the Cottages or in the administrative building to augment the staff's supervision and monitoring of the youth. B. It was recommended by the auditor that if funding becomes available that adding cameras throughout the facility would be a "best correctional practice" to augment the staff's supervision and monitoring of the youth to prevent, detect and respond to allegations of sexual abuse and sexual harassment. This standard is not applicable to this facility.

Corrective Action Findings: Not applicable

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Memorandum from Bryan County Sheriff Department if applicable, St Joseph Hospital, Baylor Scott and White Hospital, Scotty's House Brazos Valley Child Advocacy Center and Sexual Assault Recovery Center's Memorandum of Understandings.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the protocol for conducting investigations of sexual abuse and sexual harassment as well as requesting information from the respective investigative entities on the progress of each investigation. B. The facility's PREA Coordinator stated that the Department of Family and Protective Services (DFPS) and the Bryan County Sheriff Department does follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 for obtaining usable evidence for administrative and criminal investigations. The Department of Family and Protective Services is the agency responsible for conducting administrative investigations and the Bryan County Sheriff is the agency responsible for conducting criminal investigations of sexual abuse. C. Baylor Scott and White Hospital in College Station is the hospital where a youth would receive emergency medical care including where they would be taken by Bryan County Sheriff in the event a forensic examination (SANE) for sexual abuse incident is required. D. The facility did provide a copy of the Cooperative Working Agreement from Brazos County Rape Crisis Center as evidence verifying that the youth will have access to obtain emotional support and crisis counseling services from them as well as a memorandum of understanding from Scotty's House Brazos Valley Child Advocacy Center if they become a victim of sexual abuse or when needed. The facility's PREA Coordinator stated that in the last 12 months there have been zero SANE examinations required since there have been no sexual abuse victims. E. The facility's PREA Coordinator did indicate that they do have qualified mental health staff member on duty to serve as an advocate if needed, for a victim of sexual abuse. F. The facility's PREA Coordinator stated that he would provide a memorandum as evidence requesting the Bryan County Sheriff Department to follow the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 for obtaining usable evidence for administrative and or criminal investigations thus demonstrating compliance with this standard.

Corrective Action Findings: The facility must provide a letter from Bryan County Sheriff indicating that they will follow the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 when conducting criminal investigations in order to demonstrate compliance with this standard

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Incident Reports, Copies of Investigative Cases if applicable, the Agency Website, and the Investigator's Interviews if applicable.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does requires that all allegations of sexual abuse and sexual harassment are to be reported to the Executive Director. It further describes that the Department of Family and Protective Services (DFPS) Investigators are charged with conducting the administrative investigations and the Bryan County Sheriff will conduct all criminal investigations. The facility’s PREA Coordinator did not provide the auditor with a sample copy of their Incident Report that is shared with DFPS and the Bryan County Sheriff in the event of an administrative and or criminal investigation, if applicable. The Everyday Life Inc. Residential Treatment Center reported that there were zero allegations during the last 12 months for sexual abuse resulting in zero criminal investigations, and in zero administrative investigations. The facility have not their finalized not posted their Zero Tolerance policy as of this report which will outline the investigative process on their website for review, which is required.

Corrective Action Findings: The facility must provide a finalized copy of their Zero Tolerance policy as evidence that describes the investigative process for the Department of Family and Protective Services and the Bryan County Sheriff Department for sexual abuse and sexual harassment allegations for review, a copy of the facility’s incident report that would be provided to the Department of Family and Protective Services and the Bryan County Sheriff Department and then post it on their website in order to demonstrate compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, PREA-related Training Curriculums, Search Logs, Staff Signed Training Rosters, Training Certificates, and Random Staff Interviews

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does requires that the facility provide PREA related training to all its employees who may have contact with youth. The PREA Coordinator did provide written evidence of the various PREA training curriculums i.e. LGBTI, communication boundaries, wherein the staff were trained. The facility have not provided cross gender pat down search training to all of their (direct care) security staff. B. The PREA Coordinator indicated that PREA Refresher training occurs quarterly and annually and that certification training for PREA will occur every three years. C. The PREA Coordinator indicated that the number of facility staff trained during the last 12 months were 32 or 100% and he did provide signed training rosters. During the random staff interviews they were able to articulate the required elements as found in 115.331(a) (1-11) and 115.331(b) were being met through the

new hire orientation training and through on the job training sessions (refresher training). The staff seemed well versed and trained in the areas of PREA, their reporting duties, were somewhat knowledgeable of their first responder responsibilities and what individuals and or entity would conduct the administrative and criminal investigations based on the interviews. D. The facility's PREA coordinator did provide written copies of the trainee's signed rosters with the course title and descriptions for each PREA related training class, for the auditor's review. The PREA Coordinator also provided the training curriculum for Guidance in Cross Gender and Transgender Pat Searches obtained from the PREA Resource Center and signed training rosters of all of the direct care staff trained thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Volunteer and Contractor's PREA-related Training Curriculum, Training Roster and or Certificates, and Volunteer and Contractor Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does requires that all volunteers and contractors who have direct access to youth are notified and are to be trained on understanding their reporting responsibilities regarding PREA. B. The facility did provide written evidence of the PREA curriculum utilized to train volunteers and contractors and but did not provide the signed training rosters that such training has commenced to demonstrate their compliance with this standard. C. The facility's PREA Coordinator did indicate on the PREA Questionnaire that the number of volunteers and contractors trained in PREA during the last 12 months were four (4).

Corrective Action Findings: The facility must provide the signed training rosters and or certificates of all volunteers and contractors demonstrating that they have received PREA including first responder training in the last 12 months for the auditor's review in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Resident Handbook, any and all PREA Video, Brochures, etc., Admitted and Educated Youth Documentation, any and all Outside Interpreting Provider and Bryan Independent School District Agreements, Retaliation and Monitoring Log, and Random Staff and Youth Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy and practice does require that the youth be provided with an Orientation packet of information in English (though they did not have one in Spanish) upon Intake regarding the rules and rights, that they will watch the Safeguarding Your Sexual Safety PREA video or other sexual safety medium during orientation, and are given additional PREA brochures and other information i.e. hotline number, 24 hour unimpeded phone access and location, etc. during this time. The draft Zero Tolerance policy does indicate that this information is provided to the youth in an age appropriate manner as demonstrated in the Resident Handbook as reviewed by the auditor. A review of the youth files notating the date, time of the youth's intake and orientation indicating when this information is provided was documented in the youth's file as reviewed by the auditor. B. The comprehensive PREA education has not occur within 10 days of Intake and the facility could not provide documentation to demonstrate it though they indicated that it does. C. The facility has admitted and educated 75 youth from the 75 youth who appeared at Intake during the last 12 months. D and E. The facility did not provide a written evidence demonstrating that Bryan ISD will provide services to those youth who are hearing, vision impaired, psychiatric and disabled; but did indicate that the Bryan Independent School District will provide assistance for those youth who are intellectually, psychiatric disabled and limited in English proficiency. F. During the facility tour and interviews with random youths, they acknowledged receiving a PREA brochure during the Intake as well as some information during the Orientation process but did not acknowledge watching the Safeguarding Your Sexual Safety PREA video or other training mediums. The PREA Coordinator did indicate that they will begin to show this video to every current and subsequent youth during the Orientation process and obtain signed rosters of the same. The youth interviewed were able to articulate their knowledge regarding PREA, reporting requirements and of their freedom from being retaliated against The facility's draft Zero Tolerance and other PREA related posters, brochures, etc. has the hotline numbers for reporting incidents of sexual abuse and sexual harassment prominently displayed throughout the Cottage and in the administrative building.

Corrective Action Findings: The facility must provide signed training rosters that all current and future youth have reviewed the Safeguarding Your Sexual Safety DVD within 10 days of Intake, copies of all PREA related information that has been translated into Spanish and a copy of the Memorandum of Understanding that the Bryan ISD will provide assistance to youth who are hearing impaired, visin impaired, intellectually, psychiatric disabled and limited in English proficiency in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Memorandum from the Department of Family and Protective Services and the Bryan County Sheriff Department.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does indicate that the Department of Family and Protective Services is the entity that will conduct their administrative investigations and that the Bryan County Sheriff Department is the outside law enforcement entity who will conduct their criminal investigations for sexual abuse and sexual harassment allegations. B. The Everyday Life Inc. Residential Treatment Center does not have any internal investigator but if they did they indicated that they would have received specialized interview training including Miranda and Garrity warning, evidence collection, etc. to assist them in conducting sexual abuse and sexual harassment investigations. All sexual abuse criminal allegation will be referred to the Bryan County Sheriff Department as the outside law enforcement for investigation. C. The PREA Coordinator did provide a memorandum from DPFS attesting that their investigator's have received specialized interviewing training for when conducting sexual abuse investigations.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Hospital Contract/Agreement if applicable, Signed PREA Training Roster, Specialized PREA Training Certificates for Mental Health Practitioner and Mental Health Consultant and Director of Treatment Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does indicate that they do not conduct forensic medical exams on a youth for sexual abuse but if applicable, they will refer the alleged victim to the St Joseph Hospital in Bryan, Texas or to Baylor Scott and White Hospital in College Station, Texas where the examination would occur free of charge. B. There are no medical staff in this facility and the two hospital's SANE Nurses indicated that they have not conducted a SANE examination for this facility's youth population in the last 12 months. C. The interview with the contracting mental health consultant at this facility indicated that he has not received the specialized training in PREA but will obtain the specialized training and will provide a certificate of the same. The Director of Treatment and the other mental health staff will also receive this specialized training and will provide the certificates as evidence that it has occurred.

Corrective Action Findings: The facility must provide training certificates for the mental health consultant and the mental health staff as evidence that they have received the specialized training for interviewing sexual abuse victims and perpetrators in order to demonstrate compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Electronic and or Hard Copy of the Screening Instrument, Interviews with Random Youth, Intake Staff and the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline that the screening of youth during Intake must occur within 72 hours. B, C and D. The facility's screening instrument does contain all of the eleven (1-11) screening elements required of this standard and does contain the questions which covers the youth own perception of vulnerability as well as any

observations made by the Intake staff regarding a youth's LGBTI, gender non-conforming or perceived vulnerable appearance. The facility's Intake staff did indicate that they also have a process, according to their draft Zero Tolerance policy for the re-assessment of a youth and a copy of this form was provided for the auditor's review. E. The Intake staff indicated that the information obtained during the initial screening that is sensitive, has limited dissemination and access to prevent exploitation to the detriment to the youth, and that appropriate controls are in place via a computer password or under lock and key for protection. Interviews conducted with the Intake staff and questions asked of the youth at random revealed that the facility controls are in place thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.342 Use of screening information

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

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

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Isolation/Segregation Policies if applicable, Intake Staff and PREA Coordinator's Interview, Screening Instrument, Isolation/Segregation Logs if applicable, and the Behavior Classification /Housing Assignment Log, if applicable.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy was provided to the auditor for review and the facility's Intake staff were able to demonstrate how the screening instrument is used to make informed housing assignments which is discussed weekly with the Director of Administration after Intake. B. The facility's draft Zero Tolerance policy does prohibit the use of isolation thus automatically prohibiting the placement of youth in isolation due to risk of sexual victimization. The facility does not utilize nor have space to isolate a youth and they did provide a memorandum as evidence indicating that seclusion (isolation) is not used for sexual abuse and sexual harassment for a victim and or for perpetrators. The interview with the PREA Coordinator verified that isolation does not occur in this facility. C and D. A copy of the Behavior Screening form was provided to the auditor for review and he was informed by the Case Manager that housing assignments are not based on LGBTGNC status, perceived status or identification status as an indicator of likelihood of being sexually abusive. This is a all male, non secure facility. The facility's PREA Coordinator indicated that they did not have any identified Transgender or Intersex youth in their population during this onsite audit. E, F and G. The facility's draft Zero Tolerance policy does state that it will also allow for an Intersex and Transgender youth to shower separately and that they would be re-assessed twice a year to review any threats to safety if any were experienced by the youth. The PREA Coordinator and the Intake staff also indicated that serious considerations with respect to his safety would be given if a Transgender or Intersex youth were in their population. H and I. During the last 12 months the facility reported that there were zero youth placed in isolation, that zero youth were denied daily access to services and that zero youth did not average any time in isolation though the facility is non secure having no room designated for isolation.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Grievance Policy, if applicable, PREA Posters, Hotline Numbers, Staff and Youth Interviews, and the Third Party Reporting Policy, if applicable.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does provide for multiple internal ways (i.e. grievance, trusting adult) and also provides several external numbers (i.e. DFPS Child Abuse Hotline) for a youth to privately report allegations of sexual abuse and sexual harassment. B. One such number for reporting an allegation is to the Department of Family and Protective Services (DFPS) which is a toll free number posted on the bulletin board in each Cottages and in the administrative building as observed. C. Interviews conducted with the facility's random staff and the youth demonstrated their knowledge of this, confirmed that the youth have unimpeded access to the phone to make these calls in accordance with this standard; that staff do and will accept, document and immediately report all verbal reports of sexual abuse and sexual harassment from a youth to the appropriate upper level supervisory and or administrative staff. D. Youth are also provided with a grievance form as one of the tools for reporting an allegation. E. During the staff and youth interviews they also informed the auditor that they can report sexual abuse and sexual harassment allegations privately, confidentially, anonymously and or through a 3rd party. The staff can use the same DFPS hotline number for making such reports or take to a supervisor privately. The facility’s draft Zero Tolerance policy does states that they do not detain youth for civil immigration purposes and the facility provided a memorandum to further attest to this practice, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Grievance Policy, Retaliation Monitoring Form, Grievance Logs if applicable, Investigation Case Logs that exceeded 90 days or Required an Extension of 70 days if applicable, Disciplinary Action taken for Bad Faith filings if applicable, Investigator's interview if applicable, and Random Staff and Youth Interviews.

Findings: A, B and C. The Everyday Life Inc. Residential Treatment Center Grievance policy does state that they do not impose a time limit regarding filing an allegation for sexual abuse, that it indicates that a youth cannot resolve a sexual abuse grievance with the alleged staff person informally and that it is not referred to the alleged staff member for resolution. D. The facility’s draft Zero Tolerance and Grievance policy does state that they shall issue a final decision to the youth within 90 days of the initial filing. E. The draft Zero Tolerance policy does state that a 3rd party can file a grievance on behalf of a youth and that a youth will be monitored for retaliation up to 90 days or until the investigation is closed or is unfounded. F. The PREA Coordinator did show the auditor the grievance lock boxes where a youth could file their grievance and provided him with a copy of the Youth Handbook that describes the youth grievance procedure including the filing of emergency grievances. G. The facility's draft Zero Tolerance policy does not state that disciplinary action can be taken against a youth if a grievance is filed in bad faith. The Everyday Life Inc. Residential Treatment Center did not provide in writing but the PREA Coordinator did indicate that there were zero grievances filed in the last 12 months alleging sexual abuse and sexual harassment, that zero emergency grievances filed in the last 12 months, and that there were zero sexual abuse and sexual harassment grievances and or administrative and criminal investigations that were not completed within 90 days or that required extensions up to 70 days, since they did not have any.

Corrective Action Findings: The facility must provide a copy of their edited Grievance policy as evidence with the language indicating “that disciplinary action can be taken if a youth files a grievance in bad faith” and to provide a memorandum as evidence that there were zero reported grievances for sexual abuse and sexual harassment in the last 12 months in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Visitation Policy, Brazos Vally Child Advocacy Center and the Sexual Assault Resource Center Memorandum of Agreement, Youth Orientation Manual (Handbook), PREA Posters and other Documentation, Facility's Schematics of Visitation Area and or Space, Random Staff, Youth, and PREA Coordinator Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline how a youth would have access to outside confidential support services if needed. The facility does provide the youth with information regarding their access to outside and other services i.e. DFPS hotline, during Intake and Orientation via the Youth Handbook, which also contains the toll free and or local phone numbers. B and C. The facility did provide written evidence of the established Memorandum of Understandings with Scotty’s House Brazos Valley Child Advocacy Center and with the Sexual Assault Resource Center for the provision of emotional support and crisis counseling services as needed for victims of sexual abuse. The youth interviewed could recall being given this information on outside support services during the Orientation process, they knew that they could communicate with an outside service providers privately, that this conversation is confidential, and the youth also indicated that this was discussed with them during group. D. The facility’s draft Zero Tolerance policy does indicate that they provide the youths with reasonable and confidential access to their parents, legal guardians and lawyers for visitation which was supported by the staff and youth interviews including a review of the facility schematics for designated visitation space, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Grievance and Third Party Reporting

Policy and Form if applicable, the Agency Website, PREA Brochure, Staff and Youth Interviews, copy of Youth Grievance Form, and the PREA Coordinator's Interview.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does establish the method outlined to receive and or for making a 3rd party report of sexual abuse and sexual harassment on behalf of a youth and that this information will also be available on their website. The facility's PREA Coordinator did provide written evidence for the link to this website which was visited by the auditor for his review. The Everyday Life Inc. Residential Treatment Center did provide the auditor with a copy of the brochure on PREA, which is mailed to them and a sample copy of the 3rd party Grievance Report form used by a 3rd party for reporting abuse, neglect, exploitation, sexual abuse and sexual harassment. Knowledge of this practice was verified during the PREA Coordinator's and the random youth interviews.

Corrective Action Findings: The facility must provide as evidence in the finalized Zero Tolerance policy, a copy of the grievance report utilized by a 3rd party and post on their website how a 3rd party can report a sexual abuse and sexual harassment allegation on behalf of a youth to the facility in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, Scotty's House Child Advocacy Center and Sexual Assault Resource Center's Memorandum of Agreement, General Residential Operating Manual, Intake Staff, Referral or Serious Incident Report Form to Outside Law Enforcement or Investigative Entity, Mental Health Consultant, Program Director, Agency Head, PREA Coordinator, PREA Compliance Manager if applicable and Random Staff Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does require for all staff to immediately report to the Director of Administration any suspicion, knowledge, or information of an allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The facility's PREA Coordinator also provided the General Residential Operating Manual regarding their internal processes, personnel actions, the first responders responsibilities and duties of the staff including how referrals are to be made to Scotty's House Child Advocacy Center and the Sexual Assault Resource Center for mental health assessment and treatment, as necessary for a victim of sexual abuse. B and D. The facility's draft Zero Tolerance policy does indicate that all staff are mandatory reporters which was also verified during the random staff interviews. The facility's Zero Tolerance policy does direct the facility staff, including their mental health consultant and personnel as mandatory reporters of child abuse, that they need to immediately report this information, complete a serious incident report and forward it to the Director of Administration. C. The facility's draft Zero Tolerance policy does state the prohibition of the staff from revealing any information related to the sexual abuse and sexual harassment allegation to anyone other than to the extent necessary. E and F. The Director of Administration will then report the allegation to The Department of Family Protective Services and to the Bryan County Sheriff Department as appropriate. During the random staff interviews they demonstrated their knowledge regarding their reporting responsibilities including notification to be made to their immediate supervisor, the Director of Administration, Bryan County Sheriff Department, the Department of Family Protective Services, the alleged victim's parent, legal guardian, lawyers and to the court of jurisdiction, as applicable. The PREA Coordinator also provided a memorandum indicating that all parties would be notified in the event of a sexual abuse allegation, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Isolation/Segregation Policies and logs as applicable, Agency Head, Director of Administration, Specialized and Random Staff Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline their internal processes regarding the agency's protection duties when informed that a youth is subject to substantial risk of imminent sexual abuse. The specialized and random staff interviews verified their knowledge of and the required compliance with this policy. The Agency's Head indicated that they do not utilize isolation, since this is a non secure facility and that they had zero youth placed in isolation during the last 12 months who were subject to any type of substantial risk of imminent sexual abuse while in their facility. The PREA Coordinator did provide a memorandum attesting to this practice, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Allegation Notification to Other Facilities if applicable, Investigative administrative or Criminal Case files if applicable, Executive Director (Agency Head), PREA Coordinator and Intake Staff interviews.

Findings: A. and B The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the staff's requirement of reporting to other confinement facilities within 72 hour of being informed during Intake of an allegation being made by a youth of sexual abuse and sexual harassment and that it will be documented in the youth's file. The interview conducted with the Intake staff as well as with the specialized staff demonstrated their knowledge and understanding of this reporting requirement and policy adherence. C. The Everyday Life Inc. Residential Treatment Center PREA Coordinator and Agency Head indicated that they had zero reported cases of reporting to another confinement facility for an allegation of sexual abuse that occurred in that facility within the past 12 months during their interviews. The random staff were able to recite during their interviews this notification protocol. D. The facility did indicate that they would contact an alleged facility, if applicable, to notify them well within 72 hours time period of a sexual abuse and sexual harassment allegation and that they would ensure that the case is properly investigated and closed by the appropriate investigative entities as required, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, PREA-Related Training Curriculums, Investigative Case files if applicable, First Responder, Non-Security Staff, Random Staff, and PREA Coordinator Interviews.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy that outlines the first responder duties for responding to sexual abuse and sexual harassment allegations in this facility. The facility reported that there were zero allegation of sexual abuse and sexual harassment whereas the collection of evidence though not applicable, would have been collected in the appropriate time frame as required by this standard. The facility reported that there was zero times that the crime scene and or evidence needed to be preserved, zero times was requested of a victim not to take any action, zero times requested of the abuser not to take action, zero times that non-security staff had to respond, and that in all times, when applicable, the security (direct care) staff would have been notified and would have promptly responded to the allegation(s). During the random staff interviews they were able to articulate their knowledge, understanding, responsibilities and duties as a first responder but could not articulate that they would inform the victim and the abuser not to destroy evidence by washing, eating, changing clothes, drinking, defecating or brushing teeth. The facility had reported zero allegation of sexual abuse and sexual harassment during the past 12 months and that the first responder would have acted in accordance with the agency's policy and the facility's protocol.

Corrective Action Findings: The facility must provide evidence in the form of signed training rosters that all of the direct care staff have been re-trained in their first responder duties on informing the victim and perpetrator not to take any action during a sexual abuse incident in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Copy of Facility's Written Plan for Coordinated Response to Sexual Abuse Allegation, Sexual Abuse Review Team Member, Investigator as applicable and the PREA

Coordinator Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the procedure for specific staff's response to allegations of sexual abuse and sexual harassment. Interviews with the random staff, the PREA Coordinator and with a member of a Sexual Abuse Review Team member demonstrated their knowledge of the process for reporting a sexual abuse and sexual harassment allegation, the responsibilities of the Director of Administrator, The Mental Health Consultant, the Treatment Director, and the responsibility of a First Responders according to this plan. The PREA Coordinator did provide the auditor with a copy their written coordinated response plan and a memorandum attesting to the imlemetion of this plan, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance policy, General Residential Operation Manual, Director of Personnel and the Director of Administration Interviews.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center draft Zero Tolerance policy does state that they do not enter into collective bargaining agreements and that the policy does allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted.

Corrective Action Findings: The facility must provide a memorandum as evidence that they do not enter into collective bargaining agreements and that the finalized Zero Tolerance policy will allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted in order to be in compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance policy, Retaliation Policy if applicable, General Residential Operating Manual, PREA Audit Report

Protective Measure Policy and Forms if applicable, Scotty's House Child Advocacy Center and Sexual Assault Resource Center's Memorandum of Agreements, Internal Investigator, if applicable and the PREA Coordinator's Interview.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline their response to retaliation and protection for all youth and staff members who report an allegation of sexual abuse and sexual harassment and or who cooperates with an investigation. The facility has designated the Director of Administration who is responsible for monitoring youth and staff against retaliation for reporting a sexual abuse or sexual harassment allegation. B. The facility's Zero Tolerance policy does indicate that they employ multiple protective measures to protect a youth ranging from changing housing (Cottage) assignments, to removing them from the facility to another, removing the abuser or alleged staff member from contact with the victim, and providing emotional support to the victim. C and D. The facility's Zero Tolerance policy does indicate that a youth's conduct would be monitored up to 90 days against retaliation, including periodic status checks ensuring that they would promptly remedy any such retaliation and would provide treatment services as needed. E. The facility Zero Tolerance policy also indicates that they will protect any other individual who cooperates with an investigation who may express fear of retaliation. F. The facility's Zero Tolerance policy does indicate that their obligation to monitor shall terminate if the allegation is determined Unfounded. The facility's PREA Coordinator did indicate during his interview and did provide a memorandum stating that there were zero times where protective measures were required to protect staff and or youth against retaliation in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Isolation/Segregation Policies and Logs, Random Staff and PREA Coordinator Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does state the prohibition on the use of segregation (isolation) and or seclusion housing to protect a youth who have alleged sexual abuse and sexual harassment. This is a non secure facility. The facility did indicate and provided a memorandum attesting that they do not utilized isolation in this facility and that there were zero youths who were held in isolation for protection who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Investigative Policies as applicable, Internal and or External Investigator Interviews as applicable, Internal Investigator’s Training Records as applicable Administrative and Criminal Investigative Cases as applicable, and the PREA Coordinator’s Interview.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline that they do not conduct administrative investigations but that the Department of Family and Protective Service (DFPS) will and that the Bryan County Sheriff Department will conduct all criminal investigations of sexual abuse and sexual harassment. B. The Everyday Life Inc. Residential Treatment Center indicated that they will provide written evidence of a memorandum from DFPS regarding their investigator’s specialized training. C. The memorandum will described their gathering process i.e. evidence, videos, interviews, etc. and review of prior complaints and reports of sexual abuse of the alleged perpetrator. The Everyday Life Inc. Residential Treatment Center did not provide written evidence of any cases where sexual abuse and sexual harassment had occurred at another facility or in their facility (there were none), but if any had occurred the PREA Coordinator stated they would have been investigated by the appropriate entities. D and F. The facility also reported that zero cases were investigated but if any had occurred they would have been closed in accordance with facility's policy and the PREA standard. G, H, I and J. The facility reported that there were zero substantiated investigative cases had been referred for prosecution and if there were that they would retain these case files as long as the abuser is incarcerated or employed 5 years plus according to their policy and applicable law. K. The facility’s draft Zero Tolerance policy does state that an employee's termination or the departure of the victim and or perpetrator's being out of the control of the facility shall not cause the investigation to be terminate and that polygraphs are not utilized. M. Since there are no internal investigators in this facility the Director of Administration did describe how he would remain in contact with the DFPS and or the Bryan County Sheriff department if a sexual abuse allegation had occurred thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Investigation Policy if applicable, the Internal Investigator's Interview, if applicable and the PREA Coordinator’s Interview.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does state that the standard used for proof when determining substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigations is the preponderance of evidence and that this standard of proof is used by the Department of Family Protective Services thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Youth Notification Documentation (Letter) Sample, Administrative and or Criminal Investigative Cases and Interview with the Investigator, if applicable, Interview with the PREA Coordinator.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the facility's responsibility in notifying a youth regarding the initiation and the outcome of an administrative and criminal investigation for sexual abuse and sexual harassment. C and D. The facility's draft Zero Tolerance policy also outlines the notification process for a staff-on-youth allegation and a youth-on-youth allegation. The facility has reported zero sexual abuse and zero sexual harassment allegation during the past 12 months, and that if any had occurred they would have informed the youth of the outcomes and that the investigation would have been completed by the Department of Family Protective Services and or the Bryan County Sheriff Department E. The facility needed not provide written evidence of verification that notifications had been given to a youth during the initiation of and at the conclusion of an investigation since there were none reported in the last 12 months, whether it was for a youth-on-youth or staff-on-youth. but the PREA Coordinator did provide a sample copy of a notification letter in the event one would occur. The facility reported that zero notifications made and zero notifications were documented for a youth. The PREA Coordinator indicated that there have not been any indictments, nor any referrals for prosecution or convictions of a abuser for sexual abuse and sexual harassment in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Human Resource Policy if applicable, Staff Disciplinary Action Letter (if applicable), Referrals Form to Law Enforcement Entity, and Interview with the Director of Personnel.

Findings: A and C. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the steps to be taken in order to discipline a staff for sexual abuse and sexual harassment and that this violation's sanction will be commensurate with the nature and circumstances of the act committed. B. The Everyday Life Inc. Residential Treatment Center did report that there have not been any staff disciplinary actions taken during the past 12 months due to a violation of the agency’s policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction. The PREA Coordinator provided a memorandum attesting to this policy’s practice D. The facility reported that zero referrals for sexual abuse and sexual harassment allegations were made to a law enforcement or to a relevant licensing entity in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Volunteer and Contractor's Policies if applicable, Volunteer and Contractor's Disciplinary Letter (if applicable), Referral to Local Law Enforcement and Licensing Entity (if applicable), and Interview with the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does prohibit volunteers and contractors from contact with youths and outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. B. The facility has reported that there were zero cases where a volunteer and or a contractor received disciplinary action during the past 12 months due to violation of the agency’s policy of sexual abuse and sexual harassment. The PREA Coordinator provided a memorandum attesting to this policy’s practice. The facility indicated that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer engaging in sexual abuse with a youth in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance, General Residential Operating Manual, Isolation/Segregation Policies as applicable, Administrative and or Criminal Investigative Cases as applicable, Youth Orientation Manual (Handbook) and PREA Coordinator’s Interview.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does prohibit denying a youth large muscle exercise, daily visits, educational programming, and access to other programs as a disciplinary sanction; and that it outlines the process for taking disciplinary action against a youth when they participate in sexual misconduct with another youth, staff, volunteer or contractor in the facility. B and E. The draft Zero Tolerance policy does outline that a formal due process hearing must occur following an administrative

finding which the sanctions are commensurate with the nature and circumstances of the abuse committed including when a finding of sexual contact with a staff proves that they did not consent to such contact. C and D. The disciplinary process according to their draft Zero Tolerance policy includes if the youth's mental disabilities and mental illness contributed to the behavior when determining sanctions and if therapy, counseling or other interventions shall be considered for the youth to participate in. F. The facility's draft Zero Tolerance policy does indicate that they do not impose disciplinary sanctions if a youth makes a report of sexual abuse and sexual harassment in good faith. G. The facility reported zero administrative finding for a youth-on-youth sexual abuse, zero criminal finding of a youth-on-youth sexual abuse and zero instances where disciplinary sanctions were imposed for a sexual abuse and sexual harassment substantiated allegation. The facility has a draft Zero Tolerance policy against all forms sexual abuse, sexual harassment and sexual misconduct in the facility which needs finalization. During this reporting period the facility reported that zero youths were placed in isolation as a disciplinary sanction for a youth-on-youth sexual abuse and sexual harassment allegation in the past 12 months and provided a memorandum attesting to this practice, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Mental and Medical Screening Instrument Form if applicable, Prior Sexual Victimization Referral Forms and or Listing if applicable, Youth Medical and Mental Health Files and Follow Up Documentation if applicable, Medical if applicable, Mental Health Consultant, Director of Treatment, PREA Coordinator, Random Staff Interviews and the Facility's Schematics for Medical/Clinic/Infirmery if applicable..

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the procedure to follow for medical and mental health screenings i.e. Maysi, consisting of the youth's history of sexual abuse, if applicable. The electronic and or hard files containing some of this sensitive information is not accessible to non-treatment staff in this facility but is access to the clinical and administrative personnel. B. The Everyday Life Inc. Residential Treatment Center did not identify any youths who had disclosed a prior sexual victimizations in the past 12 months, if occurred either at another confinement facility or in a community setting, and did provide a memorandum as evidence demonstrating that if one had been disclosed that a medical and mental health follow up assessment would have been offered to these and other youths within 14 days of Intake; and or when prior sexual victimization would have been alleged to have occurred. C. The Mental Health Consultant and the Director of Treatment did indicate during their interviews that they maintain secondary information in their treatment and case management files, which are kept in an office under lock and key whereas only they have access to them. The facility's draft Zero Tolerance policy does state that all staff are considered mandatory reporters of child abuse according to the State of Texas law which include mental health practitioners. D. The facility's draft Zero Tolerance policy does indicate how consent is to be obtained from a youth, unless under the age of 18, where sexual abuse did not occur in an institutional setting, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Medical as applicable, Mental Health Practitioners Interviews, and a review of Youth Medical and Mental Health Files.

A. The Everyday Life Inc. Residential Treatment Center facility reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and the facility's draft Zero Tolerance policy does outline how a youth will have access to these emergency services in a timely, unimpeded manner. B and C. The facility's draft Zero Tolerance policy does indicate that if no qualified medical or mental health practitioner is on duty what the first responders responsibilities are to protect the victim to ensure they are offered timely information and access to emergency contraceptions and STI prophylaxis. D. The facility did indicate that access to emergency medical and mental health services would be provided at the St. Joseph Hospital in Bryan, Texas and or the Baylor Scott and White Hospital in College Station, Texas and that these treatment services shall be provided at no cost to the victim whether they name the abuser or cooperates with the investigation. The facility reported that there were zero sexual abuse and sexual harassment cases to review that required a youth emergency access to medical and mental health services in the last 12 months according to the Contracting Mental Health personnel and on duty Case Manager during their interviews. The PREA Coordinator did provide a memorandum attesting to this policy's practice, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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 and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Medical and Mental Health Treatment Policies if applicable, Treatment Services Referral Form if applicable, Medical (if applicable), Mental Health Consultant, Treatment Director and PREA Coordinator's Interviews.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the procedure for a sexual abuse victim and or abuser to be offered an evaluation who have been victimized including receiving ongoing medical and mental health care. B, D, E, F and G. The facility's Director of Treatment and the PREA Coordinator did indicate that the these services would be provided to those youth who have been adjudicated and who are assigned to their program, that services are provided free of charge to the youth and that pregnancy tests (which is not applicable here since this is an all male facility) as well as other treatment i.e. STI's as deemed appropriate by the medical and mental health practitioner will be offered. C. The Contractor and Treatment Director did indicate during their interviews that the mental health services are consistent with the community level of care and at no cost to the victim whether they name the abuser or cooperates with the investigation. H. The facility's Treatment Director did indicate that they would attempt to conduct an evaluation on the committed youth abuser within 60 days of learning of the abuse history and offer treatment when deemed appropriate by the mental health practitioner. The Everyday Life Inc. Residential Treatment Center reported that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months and provided a memorandum attesting to this policy's practice, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Sexual Abuse Review Team Initial and Ongoing Meeting Minutes, Monthly Meeting Email Notification (if applicable), Administrative and Criminal Investigative Cases if applicable, Interview with a member of the Sexual Abuse Review Team and the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the process for conducting sexual abuse reviews for substantiated and unsubstantiated cases of sexual abuse and sexual harassment and that a review would not be held for Unfounded cases. B and C. Their sexual abuse team is represented by the PREA Coordinator, Case Manager, Director of Treatment Services, the Mental Health Consultant, the DFPS Investigator and the Direct Care Supervisor; and that the meeting would convened within 30 days of the conclusion of an administrative and or criminal investigation for sexual abuse and sexual harassment. D and E. The Sexual Abuse Review Team member indicated that they would consider the six (6) elements of the review and submits its findings, that the meeting is facilitated by the Executive Director and the PREA Coordinator as Co-Chair, who prepares the minutes and report recommendations for improvement as applicable. The Everyday Life Inc. Residential Treatment Center did provide written evidence but did indicate that there were zero sexual abuse reviews held in the last 12 months. The facility did not provide the auditor a copy of the meeting minutes for the last 12 months to demonstrate that the sexual abuse team was actively meeting monthly. The auditor recommended as a best practice to the PREA Coordinator that he send an e-mail to all the Sexual Abuse Review Team members to kept them apprised monthly if there are any sexual abuse and sexual harassment allegations cases to review and that in the months where there are no meetings that a memorandum be sent indicating the same and filed. The facility has reported zero allegations of sexual abuse and sexual harassment during the last 12 months with zero sexual abuse reviews being conducted.

Corrective Action Findings: The facility must provide minutes of their initial meeting as evidence and subsequent memorandums for May, June and July indicating, if applicable, that there were zero allegations of sexual abuse and sexual harassment whereas the SARB Team had to convene in order to demonstrate compliance with this standard.

Resolution: Pending

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, DOJ Survey for Sexual Victimization for 2014 if applicable, Administrative and Criminal Investigative Cases if applicable, Sexual Abuse and Sexual Harassment Allegations for 2014, Trends, Implemented Recommendations if applicable, etc. and Interview with the PREA Coordinator.

Findings: A. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline the procedure for collecting uniform data on all allegations of sexual abuse and sexual harassment in this facility including private contractors, if applicable, using a standardized instrument to demonstrate compliance with this standard. B and C. The Everyday Life Inc. Residential Treatment Center did not provide written evidence of their annual DOJ Survey of Sexual Victimization because they do not participate in this DOJ survey but they would utilize a standardized instrument for capturing this aggregate data annually, which was confirmed through an interview with the agency's PREA Coordinator and viewed on the agency's website. D and E. The facility's PREA Coordinator indicated that he will review, collect all the data including investigative reports and files, identifies trends, implements recommendations and documents the reason for not doing so locally. The PREA Coordinator indicated that upon request, this information would be provided to DOJ no later than June 30th though this information has not been requested from DOJ, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, the Facility's Aggregated Sexual Abuse and Sexual Harassment Data if applicable and Interview with the PREA Coordinator.

Findings: A and B. The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline their review of aggregate sexual abuse and sexual harassment data, including that of their private contractors if applicable, to assess and improve the effectiveness of their agency's policies, practices, training, while identifying problems and taking the necessary corrective action. The facility did not provide written evidence that demonstrated a review of the data collected since there were none, nor were there any identified trends, problem areas, and or subsequent corrective action to be taken with regards to this standard. C and D. The facility's PREA Coordinator indicated during his interview that he would prepare a report of any findings, comparing the current year's data with the prior year data as applicable, redacting any information that may present a clear and specific threat to the safety and security of the facility, obtain approval from the Agency's Head, make available on the agency's website or by other means and would provide a copy to the Department of Justice upon their request, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Policy and Evidence to be reviewed: Draft Zero Tolerance Policy, General Residential Operating Manual, Data Collection and Review of Sexual Abuse and Sexual Harassment Incidents if applicable, and Interview with the PREA Coordinator.

Findings: The Everyday Life Inc. Residential Treatment Center Draft Zero Tolerance policy does outline that all sexual abuse data, though there is none, that is under their control and that all personal identifiers would be redacted; noting that this information is retained securely. A review of this facility's draft Zero Tolerance policy and further discussion with the PREA Coordinator confirmed this practice is being adhered to. Furthermore, the Everyday Life Inc. Residential Treatment Center's draft Zero Tolerance policy does indicate that all sexual abuse data would be retained securely and would be maintained for at least 10 years after the date of the initial collection thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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.

Jerome K. Williams _____

June 14, 2016 _____

Auditor Signature

Date