By Email and U.S. Post

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Dear Commissioners:

We, the undersigned organizations, have grave concerns about the immediate safety and welfare of children placed at four Psychiatric Residential Treatment Facilities (PRTFs): Sequel Owens Cross Roads, Sequel Courtland, Sequel Tuskegee, and Sequel Montgomery. These facilities are violent and chaotic places where youth are physically and emotionally abused by staff and peers, subjected to wretched living conditions, provided inadequate supervision and medical care, and subjected to illegal seclusion and restraint, all in violation of their Fourteenth Amendment constitutional right to protection from harm, and of state and federal laws and regulations. Our concerns, expressed in detail in this letter, obligate you, the relevant state licensing, funding, and monitoring agencies for these PRTFs, to take sweeping and immediate action to protect the children placed in Sequel facilities from ongoing harm.

The children in these facilities, ages 12 through 18, are in the custody of the Alabama Department of Human Resources (DHR), which has placed them there for the treatment of mental health needs.

1 The Alabama Department of Human Resources certifies, licenses, and contracts with these four PRTFs, among others in the state. The Alabama Department of Mental Health certifies Sequel Courtland and Sequel Owens Cross Roads; this certification is accepted by DHR for its licensure purposes. PRTF placements are supported by federal Medicaid funds, which flow through the Alabama Medicaid Agency. Among its obligations, the Alabama Medicaid Agency must ensure that the PRTFs follow the Centers for Medicare and Medicaid Services (CMS) Condition of Participation (CoP) for the Use of Restraint or Seclusion in PRTFs, as found at 42 C.F.R. Part 483 Subpart G. The Alabama Department of Public Health is the state survey agency responsible for monitoring and investigating on behalf of the Alabama Medicaid Agency for compliance with various Medicaid obligations, including the CoP.
that allegedly cannot be met in the community.\(^2\) Sequel Owens Cross Roads (OCR) and Sequel Montgomery (Montgomery) both serve girls. Sequel Courtland (Courtland) and Sequel Tuskegee (Tuskegee) are facilities for boys. The youth in facilities like these in Alabama are disproportionately Black -- data shows that whereas older African American children make up 29% of the population in Alabama, they make up 33.8\% of the foster care population, and 41.8\% of the older youth population in youth facilities.

Sequel operates youth facilities throughout the country.\(^3\) The company recently made national headlines following the killing of a child, Cornelius Frederick, by staff in a Sequel facility in Michigan.\(^4\) Three Sequel employees were criminally charged, and the state has recommended that its license be revoked. Sequel facilities in Alabama have their own troubled history. In 2017, an employee at its Three Springs detention facility in Madison was accused of having sexual contact with residents.\(^5\) In 2019, the same facility was forced to close following a rash of security breaches, resulting in multiple instances of residents running away.\(^6\) Notably, following these troubling incidents, no state monitoring agency revoked the facility’s license; rather, it closed when the local city council revoked its business license in response to community uproar and multiple failed attempts by Sequel to fix lapses in security.\(^7\) Also in 2019, OCR suffered a rash of resident elopements; the local police chief reported that most of the girls just “walked out” due to a lack of security.\(^8\)

Despite the national and local spotlight on Sequel’s repeated failures to ensure the safety of youth in its care, Alabama continues to fund, license, and place vulnerable foster youth, already survivors of abuse and neglect, at these unsafe and countertherapeutic facilities where they are re-traumatized. Alabama cannot wait for the death of a child before severing ties with Sequel. Instead, it must immediately end its contracts with Sequel facilities, revoke their licenses and funding, and relocate each child placed in them to safe and more appropriate care based on each child’s individual needs.

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\(^2\) While this letter specifically addresses only the conditions at the Sequel units designated at these sites as PRTFs, two of the facilities, Sequel OCR and Sequel Tuskegee, also have units operated under contract with the Alabama Department of Youth Services (DYS) to house children placed into DYS custody by a juvenile court. There is no reason to believe that these units are not just as problematic and dangerous as the ones contracted by DHR. We urge DYS and the other relevant state agencies to immediately investigate those units.

\(^3\) Sequel Youth and Family Services, LLC, is the sole owner and managing member of Sequel Holdings, LLC, which in turn is the sole owner and managing member of Sequel TSI of Alabama, LLC. Sequel TSI of Alabama, LLC directly owns and operates the four Sequel facilities at issue in this letter, which the company identifies by their geographic location in the state.

\(^4\) Cornelius Frederick, a Black sixteen-year-old child at a Sequel facility in Michigan, died of asphyxiation after three Sequel staff members sat on his chest and abdomen for nearly ten minutes while he cried that he could not breathe. See Christine Hauser & Michael Levenson, *Three Charged in Death of Michigan Teenager Restrained at Youth Academy, N.Y. Times* (June 24, 2020), https://nyti.ms/3g6ZrzX; see also 3 Charged with Manslaughter for Death of Teen at Kalamazoo Youth Home, 13 On Your Side (June 24, 2020, 6:24 PM), https://bit.ly/2ZkIdbB.


\(^7\) Id.

The Alabama Disabilities Advocacy Program (ADAP), one of the signatories to this letter, is Alabama’s federally funded Protection and Advocacy system, authorized under federal law to protect and promote the safety and rights of Alabamians with disabilities, including children with mental illness. This authority provides ADAP access to public and private facilities in Alabama that provide care or treatment to such individuals to monitor compliance with respect to safety and rights. The observations and statements reported on in this letter stem from work undertaken by ADAP over approximately the last six months pursuant to this federal authority. Multiple ADAP staff conducted in-depth interviews with almost one hundred residents from the four Sequel facilities in Alabama. At the same time, ADAP staff visited each facility, documenting their conditions and culture, including as detailed in the attached report of its monitoring at Courtland.

“I Don’t Feel Safe Here.”

This simple statement, voiced repeatedly by Sequel Courtland residents, together with the disturbing facts described below, evidence Sequel’s failure to protect vulnerable foster youth from both physical and emotional harm. Under the Fourteenth Amendment, children in the custody of the State have the right to an environment that protects their physical, mental, and emotional safety and well-being; the right to necessary treatment and care; and the right to adequate supervision and monitoring of their safety and well-being. These children should be able to sleep securely at night and thrive during the day, in environments that respect their dignity and personhood. Instead, abused and neglected foster children placed at Sequel, many of whom have long histories of damaging placement instability within DHR’s child welfare system, are re-traumatized daily due to the unsafe and abusive conditions described below.

Physical Abuse and Unlawful Restraints: “I can’t breathe.”

Under federal law, a child in a PRTF has “the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.” Any restraint of a child must be used only to ensure the safety of the resident or others during an emergency safety situation and must not result in harm or injury. As an emergency safety intervention, restraints must “be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident’s chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).” DHR’s Minimum Standards for Residential Child-Care Facilities (Minimum

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11 See, e.g., Ala. Admin. Code §660-5-49-.03(1)(a)(1)(iv) (2003) (providing that behavior management must be administered in a manner which “assists in establishing safety and emotional well-being for the child, offers ways for the child to gain control and have needs met without risk to personal safety or the safety of others, and demonstrates respect for the child as a person of worth and value”).
12 42 C.F.R. §483.356(a)(1). This, and other federal requirements regarding the use of restraint and seclusion in PRTFs, are mandated by the CoP, found at 42 C.F.R. Part 483 Subpart G.
13 Id. at (a)(1)(3).
14 Id. at (b).
Standards) prohibit facilities from using physical abuse and “harsh and humiliating punishment, including corporal punishment.”

Despite these federal and state prohibitions, Sequel engages in a pattern and practice of using violent force against children. During ADAP’s in-depth interviews, residents described Sequel staff slamming residents against walls, punching and slapping residents in the face, using chokeholds, and laying on top of residents who are lying face down on the ground. Staff violence against youth has resulted in serious injuries, including head trauma, lacerations, hematomas, and loss of consciousness, not to mention trauma to their mental well-being.

During interviews with girls at OCR, ADAP learned of multiple incidents of physical aggression by staff:

- A girl was ordered by staff to sleep in the hallway. When she refused, she was forcibly dragged out of her room, thrown on the floor and then up against a wall, suffering injuries to her head.
- Male staff repeatedly enter girls’ bedrooms and put them in violent containments. Since there are no security cameras in bedrooms, one of the girls with whom ADAP spoke said staff “wait until off-camera and then restrain them however they want.”
- One OCR resident was lying by herself on her bed when a male staff member yanked her up off the bed, threw her onto the ground, and laid on top of her back.
- A male staff found a girl hiding in her closet. When asked to get down, she did. Staff then told her she would have to sleep in the common area, which she refused. Staff then forced her out of the room and, when she resisted, staff body slammed her to the floor. Staff attempted to stop her from spitting by squeezing her jaws, causing severe bruising.
- A girl was forced against a wall for making a comment to a staff member. After she attempted to defend herself, the staff member picked her up, slammed her onto the ground, and placed his weight on her by putting his knee into her back, causing significant pain and trouble breathing. Though the girl complained that she could not breathe, the staff member did not relent until forced off her back by other staff.

Interviews with boys at Courtland revealed similar instances of violence, including in their living quarters, away from common area cameras:

- Today, two ADAP attorneys interviewed a resident of Courtland who reported that he had recently eloped with several other residents. They were quickly apprehended by community police, and Courtland staff went to pick them up where they had been found. After the police left, and before they returned to the facility, one staff beat the resident ADAP staff interviewed, hitting him repeatedly in the face, back, stomach, chest and leg. The resident suffered bruising to his eyes as a result, which ADAP attorneys observed on the video call.
- Courtland staff kicked open a boy’s bedroom door and punched the boy in the face after a back and forth door slamming match.
- Staff threw a boy down on the floor and pulled his arms around his neck, cutting off his ability to breathe.

• One boy suffered chest pain for days after a staff member tackled him to the floor, hurting his ribs. He told the nurse about the pain and that he was having trouble breathing for 2-3 days following the incident. He was given an ice pack, had his heart rate checked, and was told that he would have trouble breathing for a while.
• Another resident suffered headaches after being slammed to the ground by staff, but was not allowed to see medical personnel.
• A youth reported witnessing a staff member lifting another resident up by the throat and slamming him to the floor.
• Staff have slapped residents in the face while telling them to calm down.
• One boy interviewed by ADAP staff had visible injuries to his head. When asked what happened, the boy said that staff slammed him against a wall the previous night.17
• A boy said he had seen too many injuries to recall them, all from restraints, such as black eyes, a knot on the head, a broken hand, and a broken foot.18

Time-Out and Seclusion: “I had to pee in the corner.”

Federal law mandates that seclusion19 never be used as punishment, that it be limited to no longer than the duration of any emergency safety situation and, under no circumstance, may it exceed two hours for residents ages 9 to 17.20 Federal law requires that clinical staff, trained in the use of emergency safety interventions, be physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the resident in seclusion. A room used for seclusion must allow staff full view of the resident in all areas of the room and be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.21 The unlocked isolation22 of a youth, according to DHR’s Minimum Standards, must be temporary, always under adult supervision, with provisions made for humane and safe conditions.23 Observations of a child must occur at least every 30 minutes, or more often if necessary.

OCR, like many facilities, provides a “time-out” room, which is a small room where a resident, upon request, can take a few minutes to calm down and reflect after a stressful event. But, in reality, Sequel has a practice of forcing residents to stay in this room for extended periods of time, and in some cases overnight – using what is nominally a timeout room inhumanely as a seclusion room. In interviews with ADAP, one resident reported she was kept in the room for over five hours. Another reported being forced to stay in the room for five days. Yet another girl reported being forced to take her thin plastic bed pad and place it in the otherwise barren room and sleep on the floor for four weeks. OCR staff who are present do not adequately supervise residents,

18 Id.
19 Seclusion is the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. 42 C.F.R. §483.352(3). See also Ala. Admin. Code §660-5-49-.02(2)(s).
20 42 C.F.R. §483.358(e)(1).
21 42 C.F.R. §483.364.
22 Isolation is the placement of a child in an unlocked room for a time-limited period including isolation of a child in an unlocked room other than the child’s own room, isolation of a child age 10 or over in his or her own room for more than two hours, and repeated confinement of a child in his or her room or any other room (including time-out) that subjects the child to lengthy social isolation. Ala. Admin. Code §660-5-49-.02(2)(j). See also 42 C.F.R. §483.368 (describing time-out as analogous to isolation).
leading to opportunities for the girls to self-injure, including by cutting with items like glass shards. It appears that Sequel is using the timeout room for punishment or convenience, both of which are unlawful under federal and state law. Youth report that the room lock is removed when ADAP comes on site and replaced as soon as ADAP leaves.

At Sequel Tuskegee, residents are, at times, locked in the “time-out room” for as many as 72 hours, in direct violation of both state and federal law. A child spending the night in the seclusion room must drag his mat into the room and sleep on the floor (Tuskegee residents, like those at Courtland, are not provided mattresses but, rather, thin mats which are placed on prison-like concrete or wooden bed frames.24) The seclusion room has no toilet or sink, forcing the residents to bang on the door in order to get the staff’s attention to use the restroom. When they cannot get staff members’ attention, the boys are forced to urinate in the corner of the room and clean it up later or urinate into a container, if they have one. Staff do not provide adequate monitoring or supervision. In one instance, in utter desperation, a resident set his mat on fire with a contraband lighter, after being locked in seclusion for seventy-two hours.

Abusive Culture: “If your parents really wanted you, y’all would be home.”

Alabama law prohibits “harsh and humiliating punishment, including corporal punishment, physical or emotional abuse” and “verbal abuse of a child and derogatory remarks about a child or his/her family.”25 Yet, in addition to the physical abuse outlined above, facility staff repeatedly demean and curse at children placed in Sequel facilities.

OCR staff regularly verbally abuse the girls:

- Staff have called residents “fucking fat,” “fucking ugly,” “bitch,” “stupid,” “slow” (meaning mentally), “emotionally unstable,” and “ignorant.”
- A staff member said, “I’m tired of y’all dumb-ass bitches. Fuck with me and your ass is grass.”
- During a restraint, a male staff told a girl, “I don’t give a fuck, tell your social worker. What’s she gonna do?”
- A girl who staff found in her closet was dragged out and told to “cover that ugly shit up.”

Some of the most disturbing incidents of verbal abuse reported to ADAP occurred when a child was in immediate psychiatric distress and engaging in suicidal ideation at OCR:

- Staff responded to a youth who had attempted self-harm by telling her she is stupid for thinking of doing self-harm and even stupider for trying it.
- When an OCR resident tried to hang herself, staff told her she was a “dumb-ass bitch.”
- Girls who have attempted suicide report they were told by one or more staff that they should try again.

At Courtland, staff regularly verbally abuse the boys:

- One resident was threatened with a beating if he did not “act right.” He does not feel safe at Courtland now.
- A Courtland staff member said to a child: “Get out of my motherfucking face,” while clenching her fists in a menacing and threatening manner.

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24 Courtland Report, supra note 10, app. 1 at 9 (“The bed is like a prison bed - it’s concrete.”).
• A youth reported to ADAP that “[s]taff talk down to kids all the time. Staff say ‘you ain’t never going to be nothing,’ ‘you gonna go to jail’ and ‘sit your stupid ass down.’”

• A boy at Courtland has soiled himself on a regular basis. The excrement was spread around the room and allowed to remain without being cleaned up. This situation was observed by residents, facility staff, and ADAP staff. Courtland staff called this young man, “Shitty.”

• One Courtland youth reported: “I don’t feel like nobody here helps me except myself.” He went on to say, “Staff are not good. They set you up, and then write you up, and then you lose points.”

There are at least two transgender girls inappropriately placed at Courtland, a facility for boys. One of the girls reported that other Courtland residents are stalking her and that she does not feel safe.

Sequel Montgomery staff regularly impose an emotionally abusive practice officially called “Group Ignorance” (GI). GI is, in brief, shunning—a practice sure to diminish a child’s sense of dignity and self-worth. As described by Sequel Montgomery’s student handbook, girls on GI are “not approved to interact with peers and [are] required to remain 10-ft from all residents at all times.” They can interact with peers only during billable services like basic living skills instruction and therapist-led group therapy. They are not allowed to engage in “small talk” with staff and even therapeutic discussions with staff “must be minimal—only enough to support/encourage the resident.” While the girls are in the facility’s tiny, dark, and dismal common area, where they go to play games and watch TV, girls on GI sit in a chair facing the wall. Residents who interact with an individual on GI risk being placed on GI themselves. Montgomery residents report being placed on GI for months at a time. One resident, who has a history of self-harm, reported to ADAP staff that she attempted suicide in a facility bathroom as a result of her extreme emotional distress at being placed on GI.

Denial of Medical and Dental Care

Sequel staff are required to provide medical care on-site, where appropriate, and arrange for medical and dental care off-site when required. Over a dozen Sequel residents at multiple facilities reported that they were forced to wait hours, days, and even longer to have their medical concerns addressed, including fever, pain, toothaches, wisdom tooth pain, and even chest pain. Some reported that their medical issues were not addressed at all. When the residents inquire about their medical concerns, they are told that nursing staff “are looking into it.” Several girls require glasses or contacts in order to see properly. One resident was wearing the same set of contact lenses for over seven months; the lenses tore and scratched her eye, causing an injury. Her requests for new lenses and treatment went unheeded. Two girls with broken eyeglasses were given goggles as replacements, which are unsightly and ineffective. Girls at Montgomery report

26 Courtland Report, supra note 10, app. 1 at 2.
27 Id. at 5.
28 Id. at 3.
29 Id. app. 1 at 1.
30 An excerpt from Sequel Montgomery’s Normative Culture/ Guided Group Interaction (GGI) Manual which describes GI is appended at Attachment B.
31 Ala. Admin. Code §660-5-37-.04 (2)–(3).
32 One girl at OCR reported to ADAP that she had received such uneven diabetes care management that she was hospitalized.
that they are not provided gynecological check-ups or medical care. For several months, Courtland has been without a sufficient number of therapists for individual counseling to occur. Instead, youth were sharing therapy sessions with other youth, compromising the therapeutic process.

**Unsafe and Unhealthy Living Conditions: “It feels sad and broken down.”**

DHR’s Minimum Standards require that the grounds of a facility be free from anything that constitutes a danger or hazard.\(^{33}\) In addition, all children living in treatment facilities have a right to adequate heating and ventilation, secure doors and windows, and sturdy and comfortable bedding.\(^{34}\) The Courtland Report\(^{35}\) details at length the squalid living conditions at the facility. These include hazardous conditions such as protruding nails and broken bed frames; “mattresses” which consist of a slim plastic pad laying atop concrete beds\(^{36}\) on filthy floors, many of which are pockmarked by large areas of broken and frayed tile; a gymnasium that is neither heated nor air-conditioned and with barred windows like a prison; dilapidated bedrooms that are dimly lit with barren walls; and a common area with few chairs on which to sit.\(^{37}\) Based on ADAP’s own observations, one youth summarized Courtland well, saying, “[i]t is filthy everywhere here.”\(^{38}\) In sum, Sequel Courtland is a place where no parent would ever want their child to spend a single night. Yet the state of Alabama continues to certify and license it and the other Sequel facilities\(^{39}\) to house children in DHR foster care.

**Chaos at OCR**

Given OCR’s abusive and nontherapeutic environment, it should not come as a surprise that things recently came to a boiling point at the facility. OCR’s response was woefully inadequate and imperiled its residents. Over a recent weekend, several girls damaged doors, including exterior doors. Residents broke out glass windows in the school. During this chaos, a girl tried to hang herself with a telephone cord. Since the doors were not promptly repaired and OCR failed to ensure that all broken glass was safely disposed of, girls were finding and hiding glass shards to cut themselves or use as shanks against staff. ADAP learned that one girl recently broke through

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33 Ala. Admin. Code §660-5-37-.05(c).
34 Ala. Admin. Code §660-5-37-.05(7), (11).
36 Ala. Admin. Code §660-5-37-.05(6)(b) (requiring that children be provided a “single, sturdy, comfortable bed with a good mattress.”). Many of the residents complained that they have aches and pains from sleeping on the provided beds. In response to such complaints, one resident told ADAP that staff retorted “that’s motivation to get out of here.” Courtland Report, *supra* note 10, app. 1 at 6.
37 Tuskegee’s common room has no lounge chairs. When ADAP visited, it was furnished with a wall-mounted TV and folding tables. If youth want to sit on chairs to watch TV or play at the folding tables, they must bring their own plastic chairs from their bedrooms into the common room.
39 Indeed, OCR and Courtland aced their DMH certification site reviews with scores of 100 when the reviews were last done in December 2018. *See Ala. Dep't. Mental Health, Community Service Provider Site Visit Scores, http://apps.mh.alabama.gov/COCA/SiteVisitReports.* As further evidence of the State's apparently lax licensure oversight, OCR, in violation of the CMS CoP, failed to make mandatory reports to ADAP, DHR, and the Alabama Medicaid Agency regarding serious injuries or suicide attempts for more than three years. During a monitoring of the facility, ADAP learned of multiple reportable incidents; the agency promptly advised DHR and the Alabama Medicaid Agency of the facility's non-compliance with the CoP reporting requirements. *See Letter from Andrea Fannin, Case Advocate Fellow, Ala. Disability Advocacy Program, to Mahalian Boykin, Exec. Dir., Sequel Owens Cross Roads (July 2, 2020) (appended as Attachment C).*
a damaged exterior unit door, walked to the back of the school, picked up broken glass still left in the window frame, and proceeded to cut herself. Due to poor supervision, within the last two weeks, two girls bolted out of damaged doors to fight each other outside. One girl bit the other’s ear and pinned her on the ground. ADAP learned that Sequel’s understaffing led to peers having to restrain other peers when a fight broke out between 12-13 girls in the common area and there were not enough staff available to address the incident.

ADAP brought these concerns to the attention of Sequel’s administration on Wednesday July 1, 2020. Later that evening, Sequel responded and advised that they would be replacing the doors and windows. Further, Sequel advised that it would restrict access to the area where broken glass may still be found and “remove any glass particles that could be remaining.” In attempting to explain away the facility’s recent chaos, OCR’s management audaciously referred to its declared, but apparently elusive, goal of moving away from restraint, managing to blame the girls for its own failed behavioral approach by stating that this kind of response “is expected as we move toward our goal of a restraint free environment.”

REQUIRED CORRECTIVE ACTION

DHR places foster children at Sequel to receive therapeutic care to address their mental health needs – care that these children purportedly cannot receive in more homelike, community settings. Yet, sadly, children placed in Sequel are not provided a safe, therapeutic environment to help them heal from their traumatic pasts. Instead, they are re-victimized and re-traumatized. Given the ongoing serious harm and risk of harm currently posed to the vulnerable youth placed by DHR in Sequel facilities, we demand that the following immediate actions be taken by the applicable state agencies:

- DHR and all other relevant state agencies launch immediate and comprehensive investigations into the allegations in this letter.
- DHR suspend all admissions to Sequel facilities during the pendency of the investigations.
- DHR relocate all youth currently at Sequel facilities to new placements, using the ISP process (with the involvement of family members; GALs; outside, independent, licensed, mental health clinicians who do a thorough review of each child’s needs; and other relevant ISP team members).
- The Alabama Medicaid Agency suspend Medicaid payments to Sequel and investigate violations of applicable Conditions of Participation and other regulatory mandates.
- DHR revoke Sequel’s licenses.
- DHR suspend pending licenses for other Sequel entities in Alabama.

As our identified concerns are extensive, urgent, and ongoing, we request a response within seven days, including a meeting with you in potential resolution of these issues. If the identified concerns are not adequately and immediately addressed, we will consider taking all necessary action, up to and including litigation.
Respectfully,

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/s/ Michael J. Tafelski
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/s/ Christina Remlin
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cc: Michael Jenkins, Esq., Counsel for Sequel (Michael.jenkins@brownwinick.com)

The Alabama Disabilities Advocacy Program (ADAP) is Alabama’s federally funded protection and advocacy agency whose mission is to protect and promote the safety, rights, and welfare of persons with disabilities. The Southern Poverty Law Center (SPLC) is a nonprofit civil rights organization dedicated to fighting hate and bigotry, and to seeking justice for the most marginalized members of society. Children's Rights is a national nonprofit agency that holds governments accountable for keeping kids safe and healthy in child welfare, juvenile justice, education, and healthcare systems.