

PREA AUDIT: AUDITOR'S FINAL REPORT JUVENILE FACILITIES



Name of Facility: Abraxas I Marienville		
Physical Address: PO Box 59 165 Abraxas Road Marienville, PA 16239		
Date report submitted: August 23, 2018		
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Date of facility visit: March 29 – 31, 2017		
Facility Information		
Facility Mailing Address: <i>(if different from above)</i>		
Telephone Number: (210) 568-8600		
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> XX Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> Detention (Juvenile) <input type="checkbox"/> Correction <input checked="" type="checkbox"/> XX Other: Regional Treatment Center	
Name of PREA Compliance Manager: Erica Niznik	Title:	PCM/QCS
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Agency Information		
Name of Agency: The GEO Group, Inc.		
Governing Authority or Parent Agency: <i>(if applicable)</i>		
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Mailing Address: <i>(if different from above)</i>		
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Agency Chief Executive Officer		
Name: George C. Zoley	Title:	Chairman of the Board and CEO
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Agency Wide PREA Coordinator		
Name: Phebia Moreland	Title:	Director of Contract Compliance
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Abraxas I Marienville operated by Abraxas, The GEO Group Inc., was conducted from March 29 -31, 2017 in Marienville, PA. The Designated Auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to the GEO Group Administrator for Juvenile Services, Jon Swatsburg; PREA Coordinator, Phebia Moreland; Dr. Danny Cole, Abraxas Director of Quality, Compliance, and Research; Kathi Witt, Senior Manager of Quality, Compliance and Research, James Town, Facility Director; Erica Niznik, PREA Compliance Manager/Quality Compliance Specialist; and all the employees of the Abraxas I Marienville for their professionalism, hospitality, and kindness.

The PREA Coordinator mailed the agency's PREA policies and procedures, related documentation, and the Pre-Audit Questionnaire to the designated auditor several weeks before the audit.

The auditor contacted Just Detention International to inquire if that agency had received any information regarding Abraxas I Marienville. A check of their records showed no correspondence on file regarding the agency.

Dr. Cole and the auditor were staying in Clarion, PA and drove to the facility on Wednesday, March 29, 2017. They arrived at the facility at 7:50 a.m. and were met by the Facility Director, Mr. Town, and the PREA Compliance Manager, Erica Niznik.

An Entrance Meeting was held at 8:17 a.m. with nine (9) members of the Abraxas I Marienville administrative team present, as well as Dr. Cole and Ms. Witt from the Abraxas Corporate Office. The meeting began with each staff using the "Sanctuary Model" to describe his/her feelings that morning and describing what was on his/her agenda for the day and what other staff members he or she could call on for help. Dr. Cole and Mr. Towns then welcomed the auditor and provided an overview of the facility. The auditor thanked the GEO PREA Coordinator and the Abraxas/GEO leadership team for being involved in the PREA certification process. He then reviewed the audit process, and the audit schedule. The PCM provided the auditor with the lists of employees and residents from which he selected random staff and residents for interviews. The lists of specialized staff and youth in targeted categories were also provided and discussed and specialized staff and targeted residents were identified for interviews. The Entrance Meeting ended at 9:00 a.m.

The site review of the facility began at 10:20 a.m. Accompanying the auditor on the tour were Dr. Cole, Ms. Witt, Mr. Town, and Ms. Niznik. All areas, inside and outside, where residents have access to were reviewed. The auditor observed the audit notice throughout the facility, as well as posters that informed residents how to report an allegation of sexual abuse or sexual harassment and where a victim of sexual abuse can obtain emotional support. Signage was bilingual. If residents were to report an allegation of sexual abuse or sexual harassment by phone, they would make the call from an office, with staff assisting in dialing the number. The site review ended at 12:45 p.m.

Abraxas I Marienville is a staff-secure residential treatment program located on 99 acres in the Allegheny National Forest, near Marienville, Pennsylvania. The facility was opened in 1973 and is licensed by the Commonwealth of Pennsylvania for 148 residents. The first day of the audit, there were 128 residents in the program, 100 males and 28 females. The average length of stay varies by program and will be described later in this report. The main building includes administrative offices, food services and six (6) living units. The living units are named Explorer, Evergreen, Seneca, Monican, Dakota, and Pioneer. Housing units have single and multiple occupancy rooms.

All showers provide for resident privacy. Sight lines enable direct supervision. There is a Boys School and a Girls School, a greenhouse, a gym, a vocational shop area, a sheltered workshop, and a Clinical Building. There are 180 cameras throughout the facility and grounds.

Abraxas I serves male and female, delinquent and dependent adolescents, between the ages of 13 and 18, who are in need of substance abuse treatment, substance abuse prevention and education, intensive residential treatment for behavior issues, or mental health treatment. Residents participate in a variety of therapeutically structured activities including individual and group counseling, clinical study, drug and alcohol prevention, aggression replacement training, life skills education, recreation activities, and community service work in local communities.

Following the site review, the auditor began the interviews.

Twelve residents were selected for random interviews. Seven residents were also interviewed who were identified in the targeted categories. None of the residents currently in the facility had reported an allegation of sexual abuse in the facility. One resident was interviewed who was developmentally disabled and had difficulty reading. Three residents who identified as being lesbian or gay were interviewed. Five residents were interviewed who disclosed prior sexual victimizations during risk screening.

Interviews with residents confirmed that they are informed and educated on the agency's Zero Tolerance Policy and how to report sexual abuse or sexual harassment upon admission to the facility. A more detailed PREA Orientation is provided normally within 24 to 72 hours and includes specific information on resident's rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting, how to report sexual abuse or sexual harassment, and the various ways residents can report an allegation. Residents reported that the staff review the Abraxas Youth Safety Guide and the Resident Handbook during Orientation and residents are offered opportunities to ask questions regarding PREA. Residents are aware of multiple ways to report sexual abuse and sexual harassment and that there is a service available in the community that provides emotional support to victims of sexual abuse. While most of the residents could not remember the agency name, they did say they could find it on the posters that are placed throughout the facility. Residents said if they were going to report an allegation of sexual abuse to an outside agency that the staff would help them make the call by dialing the number for the resident. The residents reported that they felt safe in this facility.

On the first day of the audit the facility was budgeted for 224.75 FTE positions. There were 195.75 positions filled and 29 vacancies. Eleven staff were randomly selected by the auditor from all shifts and were interviewed. Twenty-one interviews were conducted with staff in 15 specialized areas and included the Agency Director, Facility Director, PREA Coordinator, PREA Compliance Manager, intermediate level or higher level supervisor (2), medical and mental health professionals (2), volunteers (2) and contractors (3), investigative staff, staff member who Performs Screening for Risk of Victimization, an Incident Review Team member, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, and the Intake staff. In addition, the auditor also did phone interviews with a Sexual Assault Nurse Examiner, and a Sergeant at the local Pennsylvania State Police Barracks. Since this is a moderate sized facility, some staff may have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area.

In all, the auditor conducted 54 interviews during the Abraxas I PREA audit.

The staff reported that they have received the required basic PREA training and Booster training, annually. When asked about the training for Cross-Gender Pat-Down Searches and Searches of Transgender and Intersex Residents, the staff reported they had received training in how to conduct searches of transgender and intersex residents respectfully and professionally and in the

least intrusive manner possible, consistent with security needs. When asked to describe the procedure, staff described the process correctly.

The auditor reviewed three (3) PREA investigation files, with the facility investigator, regarding PREA allegations that had been reported in 2015 and 2016. Of the 3 allegations one alleged staff-on-resident sexual abuse and was unsubstantiated. There were two staff-on-resident sexual harassment allegations, one of which was determined to be unfounded and one was substantiated. In the substantiated case, the employee was released from his duties.

Allegations of sexual abuse are investigated by the Pennsylvania State Police and the Pennsylvania Department of Human Services. If the allegation involves an employee of Abraxas I the matter is also referred to the GEO Office of Professional Responsibility.

The auditor reviewed five personnel files. Documents confirmed that employees are acknowledging that they have not been involved in behaviors listed in 115.317(a) (1), (2), (3) , and that the employees had the appropriate criminal and child welfare background checks at least every five years. The files also contained documentation that the acknowledgements were signed during annual evaluation and at the time of promotions. Abraxas I also documented that volunteers and contractors who have contact with residents have the appropriate background checks. The auditor reviewed five training files from the random staff interviewed, three training files of individuals who required specialized training (i.e., investigator, medical and mental health practitioners) and one file of a contractor and one file of a volunteer. There was documentation that the named individuals received and understood the required PREA training.

Seven juvenile files were reviewed. Documentation was present that confirmed the residents had received PREA orientation and education, the screening for risk of sexual victimization and abusiveness, and reassessments when required.

Abraxas I does not have any isolation rooms. If a juvenile is acting out, staff use specific intervention strategies to deescalate and bring the resident's behavior under control.

The GEO Group does not contract with other facilities or with any other agencies or entities for the confinement of its residents.

An Exit Meeting was held on March 31, 2017 at approximately 1:30 p.m. Ten (10) members of the administrative staff were present along with Ms. Witt from the Abraxas corporate office. The GEO PREA Coordinator participated in the meeting by phone. The auditor thanked the leadership and staff of Abraxas I and the leadership of GEO/Abraxas. The auditor gave an overview of the audit and stated there were only two standards that he needed to discuss with the PREA Director. One has to do with Standard 115.341 and the other has to do with background checks for contractors. The auditor also needed to discuss the MOU with A Safe Place. The auditor stated the audit was very well organized and that it was obvious that Abraxas I had incorporated the PREA Standards into the facility's operating procedures and organization.

The auditor finds that as of May 12, 2017, Abraxas I Marienville meets the requirements of the Prison Rape Elimination Act, Juvenile Facilities Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Intensive Drug and Alcohol Treatment Program

The Intensive Drug and Alcohol Treatment program provides services for up to 92 youth (32 female, 60 males). There are three living units with a capacity of 30-32 youth per unit. This program provides care and treatment to behavior-disordered, delinquent or dependent youth who have substance abuse and dependency problems. Abraxas I Intensive Drug and Alcohol Treatment Program has developed a comprehensive approach to treatment that is designed to impact its residents in the interrelated areas of substance use/abuse, socialization, education/vocation, family, and delinquency/criminality. The average length of residential substance abuse treatment is approximately six months.

The employee-to-resident ratios in this program are:

- During awake hours – 1 employee: 8 residents
- During sleeping hours – 1 employee: 16 residents

Social Training and Education Program (STEP)

The Social Training and Education program provides services for up to 16 male adolescents. The program focuses primarily on the resident's exposure to or experimentation with drugs and alcohol and corresponding treatment issues, which are addressed through the utilization of evidence based curricula. The Abraxas I Social Training and Education Program also utilizes the *Ansell-Casey Life Skills* approach. This curriculum teaches residents appropriate life skills across nine domains, thereby positively influencing their behavior. The average length of residential treatment in this program is between six and ten months.

The employee-to-resident ratios are:

- During awake hours – 1 employee: 8 residents
- During sleeping hours – 1 employee: 16 residents

Intensive Open Residential Program (IORP)

The Intensive Open Residential Program provides services for up to 12 male adolescents. Residents in this program have behavioral issues that are severe enough to require staff-secure, intensive residential care. The program focuses primarily on the resident's delinquency issues, criminal behavior, and corresponding treatment issues. Utilizing a cognitive behavioral model, the Intensive Open Residential Program places a strong emphasis on Aggression Replacement Training and Balanced and Restorative Justice. Clinical staff provide individual, group, and family counseling sessions and implement individualized treatment plans. The average length of stay for the Intensive Open Residential Program is approximately nine months.

The employee-to-resident ratios are:

- During awake hours – 1 employee: 4 residents
- During sleeping hours – 1 employee: 12 residents

Abraxas Residential Mental Health Services (ARMHS)

The ARMHS program is a 16 bed program, serving 13 to 18 year old adolescent males who have a DSM-V diagnosis and severe emotional, social, behavioral, or psychiatric disorders that meet medical necessity criteria for a psychiatric residential treatment facility. Length of stay varies depending upon the youth and his progress in treatment.

Treatment services are provided by Master's level therapists who are supervised by a licensed psychiatrist. Treatment Plans are individually developed through each resident's Multi-Disciplinary Team (MDT), which consists of the resident, the therapist, the psychiatrist, the parent/guardian, and referral agent.

The employee-to-resident ratios are:

- During awake hours – 1 employee to 4 residents
- During sleeping hours – 1 employee to 8 residents

Medical Department

A Nurse Manager (RN) supervises the on-site medical department; medical staff are on grounds each day during the day and evening shifts. Medical and psychiatric services are provided by a contracted physician (the Medical Director), a contracted physician assistant, two contracted psychiatrists, registered nurses and licensed practical nurses. Medical personnel assess residents and begin coordinating necessary medical services within the first 24 hours of admission. Residents receive a full physical examination and various screenings within the first week of care. Dental services are provided on site by a contracted dentist. Residents in need of psychiatric care and medication management are evaluated and monitored by the contracted psychiatrists. The Nurse Manager or other licensed nurse, the Medical Director and/or other physician(s) are available (on-call) to the facility 24 hours a day for medical problems and referrals.

Arlene Lissner High School

Abraxas I operates a year-round private school for all residents, and provides a variety of recreational outlets including physical education, intramural and interscholastic sports. The Abraxas I Arlene Lissner High School is a private, fully accredited high school licensed by the Pennsylvania Department of Education, and is staffed by certified teachers. The school is licensed to provide educational services to adolescents in grades 7-12 and maintains a high teacher-to-pupil ratio and residents receive 6.5 hours of instruction daily. The school provides programs for residents who wish to pursue a college preparatory curriculum, vocational tracks, GED preparation and testing, special education services, and remediation for students with academic deficiencies and/or special needs.

Career and Technical Education

The high school offers a Culinary Arts vocational program. Students are trained by a culinary chef on grounds. When course completion is achieved, students receive certificates of completion for the course and ServeSafe, an OSHA training.

Abraxas Wilderness Experience (AWE)

The AWE program is designed to challenge residents by participating in a variety of outdoor physical activities. These activities may include, but are not limited to: camping in the wilderness for 1-3 consecutive days, backpacking 10-20 miles to and from the campsite, repelling, rock climbing, hiking, canoeing, fishing, fish-stocking, and participating in forestry activities.

Work Force Development Program

The Work Force Development program encompasses two tracks: a Restitution Program (available to all residents) and a Work Readiness Program (available to residents who do not attend school).

Restitution Program

As part of the Restitution Program, residents participate in activities that promote accountability and competency development. Residents have an opportunity to participate in job readiness skills training and gain actual work experience under the supervision of Abraxas I employees. Residents are paid a stipend for the work they complete.

Work Readiness Program

Residents who have obtained their GED or High School Diploma are eligible for the Work Readiness Program. This program provides "hands on" experience with an emphasis placed on community service activities, job training, volunteer work, and employment readiness.

Licensure and Accreditation

Abraxas I is licensed by the PA Department of Human Services (DHS), Bureau of Human Services Licensing (BHSL), for the care and treatment of juvenile offenders and dependent youth.

- Abraxas I's drug and alcohol treatment programs are also licensed by the Pennsylvania Department of Drug and Alcohol Programs, Division of Drug and Alcohol Program Licensure.
- The ARMHS program is also licensed by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS).
- Abraxas I is accredited by the Joint Commission.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	10
Number of standard met:	29
Number of standards not met:	0
Number of standards not applicable:	2

Standard Prevention Planning

§ 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)

The GEO Group has a written policy that clearly articulates its Zero Tolerance Policy regarding sexual abuse and sexual harassment. This policy is widely known throughout the corporation.

Abraxas I Policy 00-0, "Sexually Abusive Behavior Prevention and Intervention (PREA)" is in the Policies and Procedures Manual and is also publically posted throughout the facility. The policy outlines how the facility will prevent, detect, and respond to allegations of sexual abuse and sexual harassment.

The GEO Zero Tolerance Policy is also stated in the GEO Employee Handbook and in the Resident Handbook.

Ms. Phebia L. Moreland is the GEO Group PREA Director and is an upper-level manager in the corporate office. The PREA Director's span of control is illustrated on the GEO Group table of organization. The PREA Director reported that two more PREA Manager positions were recently approved for her office. GEO has a total of 120 facilities. Two facilities are currently closed and 118 are operating. Each facility has a PREA Compliance Manager. Ms. Moreland stated that being the PREA Director is her full-time responsibility. She stated she has sufficient time and authority to develop, implement, and oversee the GEO Groups efforts to comply with the PREA standards in all the GEO facilities. Ms. Moreland is also a Certified PREA Auditor.

Erica Niznik is the PREA Compliance Manager/Quality Compliance Specialist at Abraxas I. Her duties include licensing compliance, Joint Commission Accreditation compliance, overall PREA compliance, monitoring for retaliation, and serving as a member of the Incident Review Team. She stated she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Facility Standards. The PREA Compliance Manager (PCM) position is illustrated in the facility's table of organization. Ms. Niznik is very knowledgeable about the PREA Juvenile Facility Standards.

Standard

§ 115.312 Contracting with other entities for the confinement of residents.

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

GEO/Abraxas does not contract with other public or private agencies for the confinement of Abraxas I residents.

The PMC noted, in a Statement of Fact, that only 18 of 71 contracts Abraxas I has with local child welfare agencies and juvenile probation departments require that Abraxas I be compliant with the PREA Standards. Child welfare agencies and juvenile probation departments are not included under PREA, but should require residential programs in which they place children to be PREA compliant.

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)

Abraxas I refers to its staffing plan as the Annual Facility Assessment (AFA). The facility has had no findings of inadequacy from any court or Federal investigative agency or any state agency. The AFA describes all components of the facility's physical plant and identified blind spots where additional cameras are needed. These are mainly in the classrooms of the male education center. The October 6, 2016 AFA noted that since the 2015 plan, cameras were installed in the classrooms of the female education center.

The AFA also describes the resident population. Staffing ratios and placement of supervisory staff vary by program. In the Drug and Alcohol Program and in the Social Training and Education Program the staffing ratio during waking hours is 1:8 and 1:16 during sleeping hours. In the Psychiatric Residential Treatment Facility during waking hours the ratio is 1:4 and during sleeping hours the ratio is 1:8. For the Intensive Open Residential Program, the staffing ratio during waking hours is 1:4 and 1:12 during sleeping hours.

A separate document illustrated the Budgeted FTE Report.

The auditor also reviewed the activity schedule at Abraxas I, which also varies by program.

Abraxas I is in compliance with the Pennsylvania Department of Human Services, Bureau of Human Services Licensing Standards, the Pennsylvania Department of Drug & Alcohol Program Licensing Regulations, the Office of Mental Health and Substance Abuse Standards, and the Joint Commission Standards.

The facility reported one case of sexual abuse between October 2015 and September 2016 that was determined to be unsubstantiated.

There have been no deviations from the staffing plan, but if there was a deviation, it would be documented, as required by GEO and facility policies.

The AFA is reviewed and signed by the Abraxas I Facility Director, the PCM, the Program Manager II, and the Human Resources Coordinator. The Abraxas Divisional Vice President and the GEO PREA Director also review and sign the AFA. The PCM provided the auditor with the AFA from October 8, 2015 and October 6, 2016.

Abraxas has an excellent procedure for conducting unannounced PREA rounds in all their facilities. The auditor reviewed the "Unannounced PREA Rounds" form that supervisors complete when they visit each living unit and all other areas of the facility. Supervisors note any issues needing corrective action. The checklist is reviewed by the PREA Compliance Manager who documents her review in writing.

The auditor finds that Abraxas I exceeds the requirements of the standard based on the comprehensiveness AFA, the staffing ratios that meet or exceed the standard, the very thorough "Unannounced PREA Rounds" form and the confirmation that it was reviewed and approved by the PREA Compliance Manager.

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)

Abraxas I policy prohibits strip searches and pat down searches except in exigent circumstances. Body cavity searches are performed by medical staff when there is cause and then only when approved by the Facility Director or designee. If, in an exigent circumstance, a cross-gender search is ordered, it would be documented. The Commonwealth of Pennsylvania has very strict rules that prohibit cross-gender searches under any circumstances.

Staff at Abraxas I will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

During the interviews with random staff, the staff confirmed they had received training in how to conduct cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The staff correctly described how the searches would be conducted. The auditor also reviewed the curriculum that is used in training for pat-down searches and searches of a transgender or intersex residents, and found the training to be very complete.

There were no transgender or intersex residents in the facility at the time of the audit.

During random interviews with residents the auditor was told that most staff announce by saying their name followed by, "on the floor." Others will say "Male on the floor" or "Female on the floor."

Abraxas I policy mandates that opposite gender announcements be made when staff enter the living areas where residents may be showering, changing clothes, or using the toilet facilities.

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)

Abraxas has a contract with Language Line Solutions that provides interpreter services via the phone. Abraxas I also has two employees who are bilingual. The Youth Safety Guide is published in English and Spanish as is the PREA signage throughout the facility.

Youth who are severely hearing or visually impaired would not be admitted to this specific Abraxas program.

One resident who was interviewed had very limited reading skills. He reported that he has difficulty reading and did not understand the PREA materials. He said a staff member helped him to review and understand the Youth Safety Guide, and the Resident Handbook.

Abraxas procedures prohibit the use of resident interpreters, readers, or assistants except in emergency situations. The PCM reported in a Statement of Fact that no residents, interpreters, resident assistants have been used as of March 16, 2017.

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)

Pennsylvania State law and GEO policy requires background checks and child abuse registry checks on all newly hired employees in juvenile facilities and contractors who may have contact with residents.

The GEO Group also makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an alleged sexual abuse.

At Abraxas I, persons being considered for employment are asked, in writing:

1. "If they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution ;
2. If they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. If they have been civilly or administratively adjudicated to have engaged in the activity described above in paragraph (a), (1), (2), (3) of section 115.317 of the standards."

Abraxas I also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

These questions are also asked of all employees when they are considered for promotions and as part of their annual performance evaluations.

GEO/Abraxas policies require all employees to report any conduct described in items 1, 2, or 3, above.

The auditor reviewed five personnel files and confirmed the criminal background checks, child abuse registry checks, and acknowledgements required for hiring were present in the files. Also present were the acknowledgements required for annual evaluations and promotions.

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)

Abraxas Policy #101-12 states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance the facility's ability to protect clients from sexual abuse."

Abraxas I has 180 cameras that cover areas inside and outside the buildings. As part of the AFA, the administration has identified some blind spots and is working to add cameras in these areas. In the year before the audit, Abraxas I added cameras to the classrooms in the female school. The auditor was told that in the coming year additional cameras will be added to classrooms in the male school that do not have camera coverage. The auditor was provided with a copy of the Video Security Plan.

The administrative team reviews the video tapes on a regular basis. The recordings are maintained for 30 days. The auditor reviewed previously recorded videos to confirm the retention of the tapes and evaluate the quality of the video. The monitors and cameras provide good quality pictures with clarity.

Standard Responsive Planning**§ 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)

Abraxas policy describes the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse in Pennsylvania programs. When an allegation of sexual abuse is made, it will be reported immediately by the person who initially had knowledge of the suspected child abuse to the Pennsylvania Child Line "800" number or by using the Pennsylvania Department of Human Services Electronic Database System.

The Pennsylvania State Police (PS) will also be notified if it appears the sexual abuse is a criminal act. Abraxas I and the PSP have signed a Letter of Agreement that states the PSP will follow the protocols of the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The auditor conducted a phone interview with the Sergeant who is the Station Commander at the local PSP Barracks. He stated that his Barracks is familiar with Abraxas I and the requirements of PREA. He stated that the PSP has conducted investigations regarding allegations of sexual abuse at Abraxas I. The auditor reviewed one sexual abuse investigation and confirmed the PSP was involved in the investigation. He said either the Department of Human Services or Abraxas I could call the PSP for assistance in a sexual abuse investigation.

In the initial stages, the Abraxas I investigator will initiate a preliminary investigation and work cooperatively with the PSP and the DHS. Once the DHS investigation has started, the Abraxas I investigation will be put on hold until the DHS investigation is completed. If the allegation involves a staff member at Abraxas I, the Facility Director would call the PREA Director and the Abraxas Director.

Abraxas I has a Memorandums of Understanding (MOU) with the Bradford Regional Medical Center that states the hospital will provide SAFE/SANE exams, as needed, without financial cost to the victim. (At the time of the audit, the MOU was being finalized and was signed shortly after the on-site audit.) The auditor had a telephone interview with the SANE who confirmed that she and others at the hospital have been working with Abraxas I staff and that forensic exams would be provided to victims of sexual abuse from Abraxas I without charge. She stated this hospital also has an MOU with the local jail. She said they are familiar with PREA and the standards.

The facility also had been discussing a MOU with A Safe Place, that is located in North Warren, PA, that would state the agency will provide emotional support, as needed, to the victim of a sexual abuse. The agency will also make available an advocate to accompany the victim to the hospital to provide support during the forensic exam and investigative interview process.

Posters, in English and Spanish, are displayed throughout the facility that describe the services that are offered by A Safe Place.

The facility has a log that will document referrals to the crisis center (Community Rape Crisis Center Referral Log).

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)

The Abraxas policy states that a criminal or administrative investigation will be completed for allegations of sexual abuse or sexual harassment. The policy also describes the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse. All staff sign a statement that confirms they are mandatory reporters in Pennsylvania. The DHS will be immediately notified of any allegation of sexual abuse. The PSP will also be notified if it appears the sexual abuse is a criminal act.

Abraxas I has a Letter of Agreement with the PSP that confirms the State Police will investigate all allegations of sexual abuse and that the PSP will follow the protocols identified in the standard. An interview with a Sergeant who is Station Commander confirmed the Letter of Agreement.

Allegations of sexual harassment are normally investigated internally since the allegation does not usually involve potentially criminal behavior.

The GEO Group's investigation policy is available on the agency Web site.

Standard – TRAINING AND EDUCATION

§ 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)

Staff interviewed by the auditor reported that they had received extensive PREA training during their orientation and also during Booster training. Staff have to take a written test following the training and receive a score of 80% to pass. Booster training is conducted, at least annually. When answering questions about specific training they had received, the staff gave very detailed information about the material that was covered.

The GEO Group has created a very comprehensive training program that encompasses all the areas required by Standard 115.331 (1) – (11), plus additional information on what the data shows about sexual abuse in confinement facilities, the importance of screening for risk, barriers to reporting a sexual abuse, determining risk factors for victimization, what to do as a first responder, and legal issues related to employee misconduct. The PowerPoint presentation is comprised of 183 slides. The auditor was very impressed by the scrupulous attention to detail in the PowerPoint training.

Employees also acknowledge, in writing, that they have received the training and understand it. The auditor reviewed five employee training files and confirmed the employees had received the required basic training and Booster training and taken tests required by Abraxas I.

Staff are also given pocket guides that describe the steps to follow if an allegation of sexual abuse is reported and the staff member is the first responder.

The auditor finds that the Abraxas employee training and education exceeds the requirements of the standard.

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)

Abraxas I provides a very comprehensive training program for contractors and volunteers. Volunteers and contractors acknowledge, in writing, that they have received and understand the PREA training. The auditor reviewed the documentation that confirmed the contractors and volunteers had received the training and understood it.

The auditor interviewed three contractors and two volunteers. These individuals confirmed they had received the training and found the training informative. Written/signed documentation in the contractors' and volunteers' files confirmed they had received the training.

The auditor reviewed the 14 page training curriculum and was impressed by its content.

GEO/Abraxas provides excellent training to its volunteers and contractors and for this reason, the auditor finds the facility exceeds the standard.

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)

Interviews with twelve residents confirmed that, at the time of admission, they are informed about the agency's Zero Tolerance Policy and how to report sexual abuse or sexual harassment. Residents also reported that a more detailed PREA Orientation is provided, normally, within 24 to 72 hours and includes specific information on a resident's rights to be free from sexual abuse and sexual harassment, his/her rights to be free from retaliation for reporting, and the various ways residents can report an allegation of sexual abuse or sexual harassment. Refresher education is provided on a regular basis.

The Abraxas I Policy regarding the Intake Process states:

"Abraxas Youth Safety Guide

Within 24 hours of intake, a trained staff member will provide the client with comprehensive age-appropriate information regarding the program's zero tolerance policy regarding sexual abuse and sexual harassment by reviewing the *Abraxas Youth Safety Guide*. The information includes the client's rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and how to report sexual abuse or sexual harassment. The staff member will review the information with the client in person, verify his understanding, and obtain his signature on the acknowledgment form (attached)."

PREA signage is posted throughout the facility and informs and reminds residents of their responsibility to report sexual abuse and sexual harassment and the various ways to report. Signage also informs residents how they can seek-out emotional support if they are a victim of sexual abuse.

The *Abraxas I Youth Safety Guide* is printed in both English and Spanish. Each resident confirms, in writing, that he/she has received the document, reviewed it with a member of the resident's treatment team, and understands the information in the Guide, including the Zero Tolerance Policy and how to report incidents of suspicion of sexual abuse or sexual harassment.

By providing residents with a very comprehensive education on PREA and by continuing to monitor the residents' understanding of PREA Abraxas I exceeds the requirements of the standard.

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)

A Program Manager II at Abraxas I serves as the facility's PREA Investigator. The Investigator said he had completed the Basic PREA training, the Booster training, and GEO Group's specialized training for facility investigators. The PCM was also trained as a backup investigator. The GEO PREA Director completed the "Training for Trainers: Specialized Training: Investigating Sexual Abuse in Correctional Settings" course conducted by the Moss Group and created a very comprehensive training program for all GEO PREA investigators that includes techniques for interviewing sexual abuse and sexual harassment victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. If prosecution is indicated, the law enforcement agency that conducted the investigation will make the referral to the appropriate prosecutor. The auditor was

very impressed by the thorough training the GEO investigators receive. The GEO investigator curriculum is implemented company-wide and is constantly being upgraded and improved. A written exam, with 25 questions, insures the employees understand the material covered.

Documentation was given to the auditor that confirmed the investigator completed the basic PREA training, Booster training, and the specialized investigator training. Acknowledgements were also provided in writing that confirmed the employee had received and understood the investigator training.

Because GEO/Abraxas has such an all-embracing training curriculum for the investigators and because there are opportunities for GEO investigators to communicate during webinars, the auditor finds that Abraxas I exceeds the standard.

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)

The auditor interviewed the Nurse Manager and a psychologist as the specialized staff in the Medical and Mental Health Staff group. The auditor also interviewed the Physician's Assistant, a second contract psychologist, and the contract psychiatrist as contractors. All five of these medical and mental health professionals stated they had received the Basic PREA training and the specialized training. The contracted professionals also had the training for Contractors and Volunteers. The GEO Group's Specialized Medical and Mental Health PREA Training for Youth Services was developed utilizing the NCCHC specialized medical and mental health curriculum specifically for its health care and mental health providers. This is a very comprehensive and very detailed curriculum that covers all the areas required by Standard 115.335 (1) – (4) and much more. The curriculum covers 90 PowerPoint slides. The PMC provided written documentation that the Medical and Mental Health staff have received all the required training.

It must also be noted, that the Commonwealth of Pennsylvania requires health care professionals and mental health professions to take required training on all forms of child abuse when their licenses are renewed. The Commonwealth's laws are very strict regarding specialized training in the areas of child abuse and sexual abuse.

Because GEO Abraxas has such a comprehensive training curriculum for the medical and mental health staff and because the laws of the Commonwealth mandate training regarding sexual abuse, the auditor finds that Abraxas I exceeds the standard.

Standard Screening for Risk of Sexual Victimization and Abusiveness

§ 115.341 Obtaining information from 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)

The Abraxas I Policy and Procedures Manual, in the section titled, "Clinical Assessment Process," states:

“Screening for Risk of Victimization and Sexually Aggressive Behavior

Within 24 hours of the client’s arrival at the facility, and periodically throughout the client's stay in the program, the program will conduct screenings and use the information collected about his/her personal history and behavior to reduce the risk of sexual abuse by or upon the client.

- A trained employee will complete an objective screening instrument with the client. The purpose of the screening instrument will be to obtain and use information about the client’s personal history and behavior to reduce the risk of sexual abuse by or upon the client. (Refer to *Intake Process* policy for additional information)
- If a client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he/she will be offered a follow-up meeting with the contracted psychologist within 14 days. (Refer to *Psychological/Psychiatric Referral* policy for additional information)
- The program will use the information gathered in this screening to make room and programming assignments for the client with the goal of keeping him/her safe and free from sexual abuse. The program will not use isolated housing to protect a client who is alleged to have suffered sexual abuse.
- Placement and programming assignments for each transgender or intersex client shall be reassessed at least twice a year to review any threats to safety experienced by the client.
- A re-assessment will be completed with each client who is identified as being at risk for sexually aggressive behavior within 30 days from the date of admission and then quarterly thereafter, using the *Vulnerable to Victimization Reassessment Questionnaire*.
- All clients will be reassessed quarterly using the *Vulnerable to Victimization Reassessment Questionnaire*.”

Residents confirmed, during interviews with the auditor, that they were asked the questions on the screening form and a few months later. The auditor reviewed seven (7) residents files and found the assessments and quarterly re-assessments were completed within the designated time frames. Re-assessments are done if there has been an incident that would raise a “red flag,” or new information was brought forward. Reassessments are done on a separate form from the original screening form.

The screening form is considered a confidential document and access to it is limited to the treatment team and other specialized staff who have a specific need to know.

During the exit meeting, the auditor did raise a question about the screening form itself. It was decided that the GEO PREA Director and the auditor would discuss the issue following the on-site audit. In a later discussion with the PREA Director, the auditor noted that the Screening form did not include a space to identify the current charge and offense history. The PREA Director reminded the auditor that information is available in another file and is taken into consideration when the treatment plan is developed and housing and programming assignments are made. The auditor agreed that this was a satisfactory response.

Standard

§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.

- 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)

As previously stated, the Abraxas I Policy says:

“The program will use the information gathered in this screening to make room and programming assignments for the client with the goal of keeping him/her safe and free from sexual abuse. The program will not use isolated housing to protect a client who is alleged to have suffered sexual abuse.”

Abraxas I uses a room matrix when assigning a resident to a specific room. The Screening for the Risk of Victimization and Sexually Aggressive Behavior is the document that is used to create the individual matrix.

During the site review the auditor visited all the living units and looked into numerous rooms. No living unit is designated just for transgender, intersex, gay, lesbian or bisexual residents. The auditor interviewed one gay resident, one lesbian resident and one resident who identified as bisexual. The residents confirmed that transgender, gay, lesbian, and bisexual are housed in the general population and room assignments are made on a case by case basis. They said they feel safe in the facility.

Placement and programming assignments for a transgender resident would be reassessed at least quarterly to review any threats to safety experienced by the resident. A transgender or intersex resident’s own view with respect to his or her own safety would be given serious consideration. Transgender and intersex residents would be given the opportunity to shower separately from other residents.

There are no isolation rooms in Abraxas I.

Information obtained from the screening tool will be used in the treatment planning process to reduce the risk of sexual abuse by or upon the resident. Education and program assignments are also made on a case-by-case basis and tied directly to the treatment plan. The primary focus in this facility is on providing a safe and secure environment where the treatment plan drives the major decision regarding each resident.

Standard Reporting

§ 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)

Abraxas I provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of duties that may have contributed to such incidents. The *Youth Safety Guide* states that a resident can report an allegation of sexual abuse or sexual harassment to any staff member, health care or mental health provider, to his or her parent/guardian, probation officer, attorney, or chaplain or minister. The Guide also provides the phone number for the ChildLine hotline. Posters throughout the facility also give the address and phone number of A Safe Place where a resident can report sexual abuse or sexual harassment or request emotional support if he/she is the victim of sexual abuse. Residents can also file a grievance regarding sexual abuse and sexual harassment. The resident handbook describes the grievance procedures.

The residents that were interviewed described multiple ways of reporting sexual abuse and harassment, including telling a trusted staff, telling a family member, calling Childline and filing a grievance. They also said they know they can make the reports in writing, verbally, via third parties, and anonymously. Residents also said the staff do provide writing materials if they need them to

make a written report.

The GEO Web site informs parents, guardians, attorneys and other interested parties how they can make a "third party" report of sexual abuse and sexual harassment. The options include calling the facility administrator and/or calling the PREA Director at the GEO Corporate Office.

GEO procedures describe how employees may privately report allegations of abuse. During training employees are trained on their options and posters are located in staff offices, control centers, and breakrooms.

Abraxas I employees may report allegations of sexual abuse and sexual harassment to the Chief of Security or facility management privately, if requested. They may also report sexual abuse or sexual harassment allegations directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week. Employees can also report using the GEO Web site or calling the Corporate PREA Coordinator directly. Interviews with random staff confirmed that the employees are very aware they can privately report sexual abuse and sexual harassment and how that can be accomplished.

The auditor was very impressed with the wide-ranging approach GEO/Abraxas take to reporting allegations of sexual abuse and sexual harassment. For this reason, the auditor finds Abraxas I exceeds the standard.

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)

In the Abraxas I Policy and Procedures Manual, the procedures for filing a grievance regarding an allegation of sexual abuse are stated as follows:

"Sexual Abuse Grievances

1. There is no time limit on when a client may submit a grievance regarding an allegation of Sexual Abuse.
2. Otherwise-applicable time limits may apply on any portion of a grievance that does not allege an incident of sexual abuse.
3. The client is not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
4. Clients have the right to submit grievances alleging Sexual Abuse to someone other than the alleged abuser.
5. Third parties, including other client, staff members, family members, attorneys, and outside advocates, are permitted to assist client in submitting grievances alleging Sexual Abuse, and shall also be permitted to file on behalf of residents.
 - a. The alleged victim must agree to have the request filed on his or her behalf; however, he is not required to personally pursue any subsequent steps in the administrative remedy process.
 - b. If the client declines to have the grievance processed on his/her behalf, the program will document the client's decision.

6. A client's parent or legal guardian is allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of the client. In this case, the client does not have to agree to have the request filed on his/her behalf.

7. The program will issue a final decision on the merits of any portion of a grievance alleging sexual abuse *within 90 days of the initial filing of the grievance.*

a. Computation of the 90-day time period shall not include time consumed by clients in preparing any administrative appeal.

b. The program may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The client will be notified in writing of any such extension and provide a date by which a decision will be made.

c. At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any properly noticed extension, he/she may consider the absence of a response to be a denial at that level.

Emergency Grievances

1. Client may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.

2. The grievance may be given directly to the Program Director directly in a sealed envelope.

3. After receiving an emergency grievance of this nature, the Program Director or designee shall ensure that immediate corrective action is taken to protect the alleged victim.

a. If a grievance is an allegation of child abuse, the complaint shall be reported to PA Childline to conduct an investigation and/or the proper law enforcement agency immediately. (See Child Abuse Reporting policy)

b. If the grievance is an allegation of abusive sexual contact, consensual sex, and client sexual misconduct, Program Director or designee will gather information related to the allegation. If the information gathered meets the reporting requirement of the Department of Human Services, an appropriate notification will be made to PA Childline and/or to the HCSIS system.

4. An initial response to the emergency grievance to the client is required within 48 hours and a final decision shall be provided within 5 calendar days.

5. The agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the client filed the grievance in bad faith."

Interviews with random residents confirmed that the residents are aware they can use the grievance procedure to report sexual abuse or sexual harassment. The residents also know how to file grievances.

The PCM stated, "There have been no grievances filed by residents related to PREA."

Standard**§ 115.353 Resident access to outside support services and legal representation.**

- 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)

Abraxas I had been discussing an MOU with A Safer Place which is a victim advocacy and support agency in North Warren, PA. A Safe Place will provide emotional support to victims of sexual abuse and be with the victim during a forensic exam and investigative interviews, if requested. A resident may also report an allegation of sexual abuse or sexual harassment to this agency.

Abraxas I has posters throughout the facility that state: "The following 24-Hour Crisis Hotline is available to contact at any time. If you would like to use this service to report sexual abuse or harassment or to obtain emotional support, please ask a Treatment Supervisor or Clinical Team Member to place you on a phone."

The posters are in English and Spanish.

A resident would need staff assistance to call A Safe Place.

While not many of the residents remembered the actual name of the agency, all of the residents said they knew where the posters are and that the contact information is on the poster.

The PCM reported, "There have been no requests for access to victim advocates."

Because the majority of the youth have been committed by a juvenile court, either as a delinquent offenders or DHS ward, they have no continuing need for legal counsel. However, some youth said they still communicate with their attorneys.

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)

All the residents interviewed were aware that they could report a sexual abuse to their parents, family members, caseworkers, probation/parole officers, or CASA workers, if they did not feel they could report it to anyone at the facility. Staff were also aware that third-party reports could be taken regarding sexual abuse and sexual harassment.

The GEO Web site has instructions for third party reporting:

"If you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/sexual harassment or to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator directly (see contact information below).

It is critical that you provide as many details as possible to include:

- The names and locations of alleged persons involved;
- The names of any witnesses to the alleged incident;
- Individual's register/booking number (if known);
- A brief description of the alleged incident;
- Date, time and location of where the alleged incident occurred;
- Your contact phone number and address if you wish to do so"

This statement is also found on posters that are displayed throughout the facility and specifically where visitors can see them. The posters are in English and Spanish.

**Standard Official Response Following a Resident Report
§ 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)

The Abraxas I Policy and Procedures Manual states, "In accordance with this policy, all Employees, Contractors, and Volunteers have an affirmative duty to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that take place in Abraxas I or while a Resident is off grounds."

All the random staff interviewed by the auditor described in detail their reporting responsibilities beginning with the immediate supervisor up to and including calling Childline. The staff understand that they are mandatory reporters for allegations of sexual abuse, sexual harassment, retaliation or threats of retaliation, and staff neglect of duties that may have contributed to a sexual abuse incident.

The first person to be made aware of the sexual abuse allegation (i.e., the "first responder) will notify his/her immediate supervisor on duty. The supervisor will notify the Facility Director, the Program Director, the PCM, and the PREA investigator. The Facility Director, Program Director, or PCM will notify the Divisional Director, the Director of Quality, Compliance & Research and the PSP (if the incident appears to be criminal in nature). If the allegation involves an employee of the facility, the Facility Director will notify the GEO Office of Professional Responsibility. Confirmation will be made that DHS Childline has been notified and the Home and Community Services Information System (HCSIS) report is completed. The PCM will notify the GEO PREA Director. Abraxas I will not begin an internal investigation until the DHS representatives and the PSP complete their investigations and give Abraxas I authorization for an internal investigation to occur.

Staff also stated they understood the limitations on whom they would inform about the incident and the confidential nature of the allegation. The staff carry a pocket guide that can be used to ensure all the steps are followed in reporting sexual abuse or sexual harassment.

Medical and mental health staff said they always inform a resident of the limits of their duty to report, as mandatory reporters, and the limitations of confidentiality. The medical and mental health staff said if they were informed that a resident had been sexually abused in the facility, they would immediately call the Childline and then notify the Facility Director and the PCM.

The Facility Director will notify the appropriate agency that has jurisdiction over the resident, the resident's attorney, if the resident is under the jurisdiction of the local juvenile court, and the

resident's parent or guardian. This notification would be done within 24 hours.

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)

In the Abraxas I Policy and Procedures Manual section titled, "Facility Response Plan," it states:

"Actions Required After Report of Sexual abuse as outlined in section (§115.362 of the PREA Juvenile Standards:

- a. If an employee determines that a resident is subject to substantial risk of imminent sexual abuse, he/she will take immediate action to protect the alleged victim.
- b. Employees should assume that all reports of sexual victimization, regardless of the source of the report (e.g., "third party") are credible and respond accordingly.
- c. Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity.
- d. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation.
- e. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental."

The Facility Director and all staff randomly interviewed stated that any resident in substantial risk of imminent sexual abuse would be immediately removed from the area and would be under the close supervision of a staff member until such time as the allegation is investigated and a Safety Plan is developed for the protection of the alleged victim. If the aggressor is known, he/she would also be removed from the immediate area.

The PCM reported, "Abraxas I has not had an incident in which a resident was at substantial risk of imminent sexual abuse."

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)

The PMC stated that Abraxas I had received an allegation that a resident had been sexually abused at another facility during a time the Facility Director was on leave so she notified the director of the other facility. The notification was documented by the Abraxas I in both an email and a letter on the day the resident disclosed the allegation.

Abraxas procedures follow the requirements of the standard.

Standard**§ 115.364 Staff first responder duties.**

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

In the Facility Response Plan, in the Policy and Procedures Manual it states:

“Staff First Responder Duties as outlined in section §115.364 of the PREA Juvenile Standards require that upon receipt of a report that a resident was sexually abused, or if an employee witnesses abuse, the first staff member to respond will:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel.
- c. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all residents from the room or area.
- d. Assign the alleged victim and abuser (resident or employee) to separate areas and ensure supervision by an employee.
- e. If the alleged abuse occurred within the past 96 hours, the employee(s) should prevent the alleged victim and abuser from taking any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating) until the forensic examination can be performed (if determined to be necessary).
- f. If the alleged abuser is an employee, volunteer or contractor, a supervisor will be assigned to stay with them until further instruction is provided by a Supervisor/Manager (e.g., safety plan, administrative leave).
- g. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident.”

The auditor interviewed eleven random staff and a teacher and specifically asked what he/she would do if a resident told that employee that he/she had been sexually abused. To a person, every employee described in great detail how they would separate and protect the victim, protect the scene, ensure the victim and the perpetrator (if he or she is known) does not shower, use the toilet, change clothes, or brush their teeth, etc. Several staff said the pocket guide is a very valuable resource.

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)

The Facility Response Plan is found in the Abraxas I Policy and Procedures Manual. The Auditor reviewed the plan and found it to be very well organized and very detailed. The plan addresses four separate types of incidents; 1) risk of imminent sexual abuse; 2) sexual abuse; 3) sexual harassment; and 4) consensual sexual activity between residents.

The plan specifically addresses the duties and responsibilities of the first responders, supervisors on duty, the facility director, the PCM, and the medical and the mental health providers. In interviews with these individuals, the auditor found that they are aware of the plan and very knowledgeable about their individual responsibilities, especially when responding to an allegation of sexual abuse. As previously mentioned, all Abraxas I employees have pocket guides for first responders.

The Facility Response Plan also includes an Incident Reporting Checklist, an After Action Checklist and Retaliation Logs for the victim and the reporter.

Standard

§ 115.366 Preservation of ability to protect residents from contact with abusers.

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

Abraxas Group, Inc. (a.k.a. GEO/Abraxas) entered into a new collective bargaining agreement with the P.S.S.U. SEIU Local 668 which covers the period from July 10, 2014 – July 9, 2018. The auditor reviewed the agreement and did not see any language that limits Abraxas' ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

In the agreement it states that physical (Sexual) abuse and sexual harassment are Just Cause for immediate dismissal.

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)

The Abraxas I Policy and Procedures Manual states: "The PREA Compliance Manager or a designee will meet weekly with the alleged victim and reporter (if different than victim) in private to verify that they have not been subject to retaliation regarding the report of abuse. Any concerns will be addressed and the meetings will be documented in the facility Protection from Retaliation Logs (attached). Monitoring will continue for 90 days or until the allegation is determined to be unfounded. Monitoring can be extended if deemed necessary."

The PCM was interviewed by the auditor and said that she meets with the victim and the person

who reported the sexual abuse or sexual harassment weekly, unless the resident is discharged, and explains that she will be monitoring them for 90 days to insure they are not threatened with any retaliation. Monitoring can go on for a longer period if needed. When she monitors an employee for retaliation, she will meet with the employee monthly.

As part of the monitoring of residents, the PCM said she would review disciplinary reports, video tapes, and logs, housing assignment changes, and consult with supervisors about behavior changes.

When monitoring employees, she would monitor staff assignments, mandated overtime, disciplinary "write-ups," video tapes, and log books.

The PCM provided two examples of completed Protection from Retaliation Logs. In one case, the resident refused to speak with the PCM, however, she continued to reach out to him every week. In the second case, the resident expressed some concerns about what could happen while she was on a home visit. The PCM gave the resident advice on how she should handle any retaliation that might follow her into the community.

The PCM also said that Abraxas I would make an employee assistance program available to any staff member who was concerned about retaliation

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)
- Not Applicable

Abraxas I has no isolation rooms.

Standard Investigations

§ 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)

The auditor reviewed three (3) PREA investigation files, with the facility investigator, regarding PREA allegations that had been reported in 2015 and 2016. Of the 3 allegations one alleged staff-on-resident sexual abuse was unsubstantiated. There were two staff-on-resident sexual harassment allegations, one of which was determined to be unfounded and one was substantiated. In the substantiated case, the employee was dismissed from his duties. The auditor reviewed the investigators reports and found them to be promptly investigated, thorough, objective, and completed in a timely fashion.

In the substantiated case of Staff-on-Resident Sexual Harassment, when the employee in question was interviewed, he had the benefit of his union representative with him. The PSP were also involved in the investigation and interviewed the subject. As previously noted, the employee was dismissed.

The auditor noted that in the investigations, the investigator gathered and preserved direct and circumstantial evidence, including computer generated data, and interviewed all involved personnel. Abraxas policy confirmed that neither the agency nor the facility will terminate an investigation solely because the source of the allegation recants the allegation. Investigations will not be terminated because the alleged abuser or the alleged victim are no longer at Abraxas I.

If the evidence concludes that a criminal act has been committed, the matter will be referred for prosecution to the Forest County District Attorney.

Administrative investigations are conducted by the Abraxas I Investigator.

All administrative and criminal investigations are documented in written reports that describe, in detail, the circumstances of the case, the evidence gathered, the persons interviewed, credibility assessments and investigative facts and findings. Abraxas I will retain all written investigative reports as long as the alleged abuser is in the facility or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Abraxas I uses a PREA Incident Tracking Log to document its investigations in summary fashion.

The MOU with the PSP states, the PSP will "provide Abraxas I or any successor thereto with the outcome of the criminal investigation to enable Abraxas I to determine whether the allegation was substantiated, unsubstantiated, or unfounded, as required by 28 C.F.R. 115.373 which information, and any references to the information, shall only be disseminated to other Abraxas I staff on a need to know basis and (e) advise Abraxas I whether criminal charges were filed."

The Abraxas I Policy regarding investigations states, "All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution."

As previously mentioned, the facility investigator completed the required training for GEO Investigators.

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)

The Abraxas I will not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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)

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection describes how the person who made the allegation is to be informed of the outcome of the investigation.

Abraxas I has a form that is used to notify a victim of the outcome of the investigation and what has happened to the alleged abuser.

In the three investigations reviewed by the auditor, all of the alleged victims were discharged from the facility before they could be informed of the outcomes of the investigations.

Standard	Discipline
§ 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)

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection L. 1. Employee Disciplinary Sanctions (§115.76/§115.276) states:

“a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.

c. Disciplinary sanctions for violations of agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

d. All terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.”

The Abraxas I Policy and Procedures Manual states, “Engaging in a romantic and/or sexual relationship with Youth may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges. Employees must take prudent measures to ensure the safety of Youth.” Further on, the policy adds, “All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution.”

As previously noted, “Abraxas Group, Inc. (a.k.a. GEO/Abraxas) entered into a new collective bargaining agreement with the P.S.S.U. SEIU Local 668 which covers the period from July 10, 2014 – July 9, 2018. The auditor reviewed the agreement and did not see any language that limits Abraxas’ ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

In the agreement it states that physical (Sexual) abuse and sexual harassment are Just Cause for immediate dismissal.”

As noted earlier, one employee was dismissed from his duties as of the result of a substantiated sexual harassment investigation.

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)

As previously noted, the Abraxas I Policy and Procedures Manual states, "Engaging in a romantic and/or sexual relationship with Youth may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges. Employees must take prudent measures to ensure the safety of Youth." Further on, the policy adds, "All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution."

All contractors and volunteers interviewed by the auditor confirmed they were trained on Abraxas Zero Tolerance Policy and the consequences of sexual abuse or sexual harassment of residents.

The PCM told the auditor that no contractors or volunteers have been terminated for violation of the Abraxas I PREA policies.

Standard**§ 115.378 Interventions and 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)

Abraxas I utilizes a Behavior Management System ("BMS") as a supplement to the *Comprehensive Treatment Plan*. This model is part of the Sanctuary Treatment model in which residents' behaviors, positive or negative are evaluated weekly.

1. It provides a daily and weekly forum for feedback.
2. It determines eligibility for certain privileges.

A client's status reflects his/her current behavior. It also provides an evaluation, as determined by the treatment team, of the client's implementation of the Sanctuary Commitments. A review of a client's status over a long period is a useful tool in assessing progress in treatment. This information will be included in treatment reviews.

A resident's change in status (i.e. disciplinary sanction) is administered by the treatment team and considers how violations of facility rules have been handled in the past, the resident's disciplinary history and sanctions imposed in the past for similar behaviors. Also considered are any mental disabilities, or mental health issues that contributed to the resident's behavior.

The contracted psychologist said that Abraxas I would consider offering therapy, counseling, or other interventions to a resident who sexually abused another resident. In such a case, therapy, counseling, or other interventions would be offered to both residents.

In the "Youth Safety Guide" the following question is asked and answered:

"What will happen if I abuse someone?"

We will investigate the abuse and will seek criminal charges. If you are found guilty you will likely face more time in Abraxas custody, be placed in a correctional facility, or placed in detention or jail depending on your age and the charges filed.

If you have trouble controlling your actions, seek help so that you don't harm anyone."

The PCM stated that "There have been no disciplinary sanctions taken against residents related to PREA."

Standard Medical and Mental Care

§ 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)

In the Abraxas Policy and Procedure Manual, in the section titled, "Clinical Assessment Process, it states, "If a client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he/she will be offered a follow-up meeting with the contracted psychologist within 14 days. (Refer to *Psychological/Psychiatric Referral* policy for additional information)."

Interviews with the staff who conduct the screening for Risk of Victimization and Abusiveness and the Contracted Psychologist confirmed that if a resident discloses that he/she has been a victim of sexual abuse or has sexually abused someone else, he/she will be referred to the Contracted Psychologist. The auditor interview five residents who disclosed prior victimization during screening. One resident said she was offered the service, but declined, two residents said they did not remember but they are seeing a counselor, and two residents said they did see the psychologist.

The Nurse Manager and the Contracted Psychologist said they are mandatory reporters even if the sexual victimization did not occur in an institutional setting. If the resident is 18 years of age or older, but the abuse happened when the resident was younger than 18, the health care providers and mental health staff would not be required to get informed consent, but would probably ask for it from the resident.

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)

The Nurse Manager reported that there are three (3) LPN nurses and two medical technicians at the Abraxas I. Nurses are at the facility 7 days a week and work until 11:00 p.m. In addition, there is a Physician's Assistant, a Medical Director, and a Dentist who are contractors. There are also 16 mental health staff, plus the Mental Health Manager, and a Contracted Psychologist and three Contracted Psychiatrists (two are Tele-Psychiatrists). The Nurse Manager and Contracted Psychologist said the professional judgement of the medical and mental health staff are respected

and supported by the administration at Abraxas I.

If a report of a recent abuse is made when nurses or mental health staff are not on duty, first responders are trained to take preliminary steps to protect the victim pursuant to Standard 115.362. The on-duty supervisor will immediately notify the appropriate medical and mental health practitioners. Administrators and Program Managers are also on-call after normal business hours.

Abraxas I has an MOU with Bradford Regional Medical Center which is about a 45 minute drive from Abraxas. This hospital has SANE to provide forensic exams. The facility can also provide a victim advocate, if requested by the victim, to be present during the forensic exam and any investigative interviews.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Nurse Manager told the auditor that a female victim of sexual abuse will be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. This would be done at the hospital.

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)

Abraxas I residents who have been victims of sexual abuse will be seen by the contracted psychologist and offered continuing medical and mental health treatment. These services will become part of the resident's overall treatment plan. The scope of these evaluation and treatment services will include services for continued care, as appropriate, following their transfer or release from Abraxas I. The Contract Psychologist told the auditor that she reviews the Screening for Risk of Victimization and Sexually Aggressive Behavior and administers the *Conners* Comprehensive Behavior Rating Scales in assessing a residents treatment needs.

Both the Nurse Manager and the Contracted Psychologist stated that the level of care residents receive in Abraxas I is better than the level of care an adolescent would receive in the community.

Female residents who experienced sexually abusive vaginal penetration will be offered pregnancy tests. If pregnancy results from the sexual abuse, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. The Nurse Manager said this would initially be provided by the SANE at the hospital and the Physician's Assistant at Abraxas I would follow-up with the female resident and provide the necessary resources.

All resident victims or sexual abuse will be offered test for sexually transmitted infections as needed.

All these services will be provided without financial cost to the resident.

As previously noted, Abraxas I conducts a mental health evaluation on all sexual abusers within 14 days of admission. The Contract Psychologist said that she would see these residents and refer them to the psychiatrist for further evaluation or medication management. She would not provide treatment, but would refer the resident out, if treatment could not be provided in the facility.

The auditor observed that the Screening for Risk of Victimization and Sexually Aggressive Behavior form has a line that documents that a resident, who disclosed victimization or abusiveness, has been referred to the Contract Psychologist.

Standard Data Collection and Review

§ 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)

Abraxas I has an After Action Review Team. The members of the team include the Facility Director, the PCM, the PREA Investigator, and the Human Resources Coordinator. The Education Director, Program Managers, and Nurse Manager may serve as needed.

The Facility Director reported that whenever there is an allegation of sexual abuse or sexual harassment the After Action Review Team (Sexual Abuse Incident Review Team) meets as soon as possible, after the DHS and PSP investigations and the internal investigation are completed. All information is forwarded to the Team and to the GEO PREA Director and the Office of Professional Responsibility for review.

When the investigation is completed, the After Action Review Team meets and considers those areas listed in 115.386 (d) (1) through (5). The Team then prepares an After-Action Review Report. The auditor reviewed two (2) After-Action Review Reports and found they were comprehensive and complied with the requirements of the standard. The After Action Team met within 30 days following the conclusion of the internal investigation. Recommendations were made and implemented in both cases.

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)

Abraxas I has a PREA Incident Tracking form that provides an overview of every PREA incident at the facility.

When an allegation is reported and investigated, a PREA Incident Report Survey is completed. This form captures all the information necessary to answer all questions on the most recent version of the Survey of Sexual Violence (DOJ) and more. The GEO Group collects and maintains data from all incident-based documents, including reports, investigations, and After Action Review Team analyses. Because of the comprehensive and professional approach GEO/Abraxas has taken, agency-wide, to data collection, the auditor finds this facility exceeds the standard.

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)

The GEO Group (Abraxas) collects data from the PREA Incident Report Survey, identifies problem

areas, and takes corrective action, as needed, on an on-going basis.

The GEO Group has published its 2017 PREA Annual Report. This report identifies issues needing attention, corrective actions to be taken, training that has been done, policies and procedures that have been enhanced, and presents data from all GEO facilities, including the Abraxas programs. The Annual Report is a working document and is used to improve sexual safety in all facilities. The report is approved by the head of GEO Corrections. The auditor was very impressed by the transparency of the data and the comprehensiveness of the report. This report is available on the GEO Web site. Because the Annual Report captures all the data required by the standard and much more, the auditor finds that company exceeds the requirements of this standard.

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)

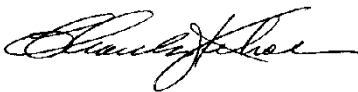
The PCM state that she secures all data collected pursuant to 115.387 in a secure cabinet, in a secure office and access to these files is limited to a small number on the administrative team. This data is maintained for at least 10 years, in accordance with this standard.

As previously mentioned, the 2017 Annual Report, which includes aggregated sexual abuse data, is available on the GEO Web site.

The GEO Group raised the importance of the data collection and analysis even further by creating a position titled Corporate PREA Data Specialist in April 2014. This person manages the collection and analysis of PREA data from all GEO facilities with PREA obligations via the automated secure agency PREA database. The creation of this position clearly exceeds this standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of May 12, 2017, the Abraxas I, Marienville, Pennsylvania meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



Auditor Signature

August 23, 2018

Date