

PREA AUDIT: AUDITOR'S FINAL REPORT JUVENILE FACILITIES



Name of Facility: Abraxas Academy			
Physical Address: 1000 Academy Drive, Morgantown, PA 19543			
Date report submitted: March 23, 2017			
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Date of facility visit: August 15 - 17, 2016			
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: Dina Flickinger		Title: 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			
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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 Academy (here after referred to as AA) operated by Abraxas, a GEO Group Company, was conducted from August 15 - 17, 2016, in Morgantown, 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; Karen Gerak, Quality Compliance Manager; Facility Director, Daniel Stringfellow; PREA Compliance Manager, Dina Flickinger; and all the employees of the AA for their professionalism, hospitality, and kindness.

This is a facility that provides treatment and support services to young people, most of whom who have experienced severe trauma in their young lives. A number of the residents have been adjudicated for sexual assaults, some are involved in gangs, and others have suffered unspeakable neglect and physical and sexual abuse. What many of these residents have lived through is manifested in very challenging behaviors that require the utmost professional response and treatment. Throughout the audit, the auditor witnessed a very dedicated and highly trained staff who have a tireless commitment and dedication to helping to change the lives of the residents. This was very impressive and gives hope that many of the young residents will have a better future because of Abraxas Academy.

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 AA. A check of their records showed no correspondence on file regarding the agency.

Dr. Cole and the auditor were staying in Exton, PA and drove to the facility on Monday, August 15, 2016. They arrived at the facility at 7:45 a.m. and were met by Mr. Stringfellow, Mrs. Flickinger, and Mrs. Gerak. An Entrance Meeting was held at 8:09 a.m. with the administrative team. Dr. Cole, the Facility Director, and the PREA Compliance Manager (PCM) 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 gave the auditor the lists of employees and residents selected for random interviews. The lists of specialized staff and youth in specialized categories were also discussed and specialized staff and residents in specific categories were identified for interviews. During the Entrance Meeting, the Facility Director informed the auditor that on the previous evening there was a sexual abuse incident that was reported. He also described the facility's response which was consistent with the standards. (More on this will follow later in this report). The Entrance Meeting ended at 10:20 a.m.

The site review of the facility began at 10:35 a.m. Accompanying the auditor on the tour were Dr. Cole, Mr. Stringfellow, Mrs. Gerak, and Mrs. Flickinger. All areas where residents may be found were reviewed. During the tour, the auditor met with the facility physician and conducted a PREA interview with him as a contractor and volunteer. The tour was resumed following lunch. The tour ended at 2:00 p.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 81 residents in the facility. There were 23 residents in the Sex Offender Program, 21 residents in the Shelter Care Program, 20 residents in the Detention Program, and 17 residents in the Habitual Offender Program. In these four programs there were 69 young men and 12 young women. The average length of stay in Detention is 17 days. In Shelter Care it is 27 days. In the Habitual Offender Program the average length of stay is 10 months and in the Sex Offender Program it is 12 months.

Ten residents were selected for random interviews. Seven residents were also interviewed who were identified as being in the special categories. Two residents were interviewed who made allegations of sexual abuse in the facility. One resident was interviewed who was developmentally disabled. One resident who spoke only Spanish was interviewed with the help of an interpreter. One resident who identified as transgender was interviewed. One resident was interviewed who identified as being intersex. One resident was interviewed who disclosed a prior sexual victimization during risk screening.

Interviews with residents confirmed that they are informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, and the right to be free from retaliation for reporting. Most residents are aware that support services are available in the community for emotional support for sexual abuse victims. Some stated they were not aware of such services. Residents stated they are informed about PREA during intake and orientation on the first day in the facility and are offered ample opportunity to ask questions. All the residents reported that they felt safe in this facility and that they are treated well by the staff, including the two that made allegations.

On the first day of the audit the facility was budgeted for 210 positions. There were 186 staff on the payroll with 24 vacancies at the Academy. Ten staff were randomly selected by the auditor from all shifts and were interviewed. Nineteen interviews were conducted with staff (including a volunteer and four contractors) in 12 specialized areas and included the Facility Director, the PREA Compliance Manager, an intermediate level or higher level supervisor, medical and mental health professionals (2), a volunteer and four contractors, two staff members who Perform 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 two Intake Staff. Since this is a moderate sized facility, some staff have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area. The GEO PREA Coordinator was interviewed earlier by another auditor doing another GEO audit as was the "agency head" for Abraxas.

In all, the auditor conducted 46 interviews during the AA audit.

The staff reported that they have received the required basic PREA training. When asked about the training for Cross-Gender Searches and Searches of Transgender and Intersex Residents the auditor found considerable confusion among the staff as to how such searches should be conducted. There was documentation that employees received training in how to conduct cross-gender pat-down searches and searches of transgender and intersex youth but communicating an understanding of how to conduct such searches was unclear at the time of the audit. For this reason, the auditor found that AA did not meet this standard. As a corrective action, the facility conducted refresher training for all staff. The agency now meets the standard.

The auditor reviewed 7 PREA investigation files, with the facility investigator, regarding PREA allegations that had been reported between since January 1, 2016 and the August 15, 2016. Of the 7, four allegations alleged sexual abuse. There were two resident-on-resident allegations of which one was substantiated and the other was still pending at the time of the audit. There were two staff-on-resident allegations, both of which were unfounded. Of the three alleged sexual harassment allegations, two were resident-on-resident and one was staff-on-resident).

One of the two resident-on-resident harassment cases was substantiated and the second was unfounded. The staff-on-resident harassment investigation was still pending at the time of the audit. The investigator reported to the auditor that she also investigated four incidents of "Willing Sexual Activity" involving residents that were not PREA allegations. Allegations of sexual abuse are investigated by the Pennsylvania State Police and the Pennsylvania Department of Human Services. If the allegation involves a staff member of the Academy, the matter is also referred to the GEO Office of Professional Responsibility.

The auditor reviewed five personnel files to document that employees were acknowledging that they have not been involved in behaviors listed in 115.317, and that the employees had the appropriate criminal and child welfare background checks at least every five years. AA also documented that volunteers and contractors who have contact with residents have the appropriate background checks. Five training files were also reviewed and found that employees received and understood the required PREA training.

Seven juvenile files were also examined and found to document that the residents had received PREA orientation and education, the screening for risk of sexual victimization and abusiveness and reassessments when required, and were given the proper notifications if they had made an allegation of sexual abuse and sexual harassment.

The facility does not use isolation nor does it have any isolation rooms. If a juvenile is acting out, staff use specific intervention strategies to 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 convened at 3:20 p.m. on August 17, 2016, when the on-site audit was completed. Four members of the AA administrative staff were present and two from the Abraxas corporate office. The GEO PREA Coordinator participated in the meeting by phone. The auditor thanked all the leadership and staff of the Academy and the leadership of GEO/Abraxas. The auditor gave an overview of the audit and stated that he now believed there were only two training standards that needed attention. While he could not give a final finding the auditor stated that overall the audit was very well organized and that it was obvious that AA had incorporated the PREA Standards into the facility's operating procedures and organization.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Abraxas Academy describes the program as follows: Abraxas Academy has three residential programs: the Secure Boys Program for Habitual Offenders and Sex Offenders (70 beds), the Shelter Care Program for males and females between 10 and 18 years of age (32 beds), and the Secure Detention Program for males and females between 10 and 18 years of age (54 beds). This residential program is located off the Pennsylvania Turnpike, Exit 298 in Morgantown, Pennsylvania.

An individualized treatment plan (residential programs) or service plan (detention and shelter programs) is developed for each resident and implemented in conjunction with the youth's treatment team. Residents have group and individual sessions that focus on issues such as victim awareness and restitution, drug and alcohol education, relapse prevention, anger management, and life and independent living skills. Program length of stay varies and is dependent upon the individual needs of the resident, prognosis for success upon re-entry to the community, and the approval of the committing juvenile court.

The Abraxas Academy is licensed by the PA Department of Human Services (DHS), Bureau of Human Services Licensing (BHSL). Abraxas Academy is also accredited by The Joint Commission.

Abraxas Academy is one of the few Joint Commission accredited secure treatment programs in the state of Pennsylvania.

Each program utilizes trauma informed care principles to guide the way residents are engaged in the treatment program at the facility. Staff members involve residents and maintain a high level of awareness of each person's past traumas, optimizing the likelihood of maintaining a safe environment. As each resident's past experiences and triggers are unique, so are the methods in which staff members work with them. The program creates a sense of community that is driven by the seven commitments of the *Sanctuary Model (Non-Violence, Emotional Intelligence, Social Learning, Democracy, Open Communication, Social Responsibility, Growth and Change)*.

The education program is licensed by the Pennsylvania Department of Education (PDE). Twin Valley School District (the local public school district) provides oversight for Special Education services. The Educational Director holds a Master's Degree in K-12 Special Education and is certified as a Special Education Teacher (SET) and oversees all required timelines and processes required for Special Education.

Sex Offenders Program

The Sexual Offenders Program is designed to provide specialized treatment services to sexual offenders. The philosophy of treatment and program execution compels residents to modify their behavior and alter their cognitive processes associated with offending. Residents are taught to be accountable for their actions and recognize the consequences for inappropriate behavior. The program places a strong emphasis on assisting residents to improve social skills and maintain awareness of their own sexual patterns utilizing the Pathways Workbook. The Academy focuses on behavioral and cognitive treatment modalities, building meaningful relationships, and providing a safe environment that encourages long-term change. There is a strong emphasis placed on residents being accountable for their actions and praised for their successes. Many of the clinicians in the Sex Offenders Program hold a Certified Sexual Offender Treatment Specialist (CSOTS) Certification.

Habitual Offenders Program

The Habitual Offenders Program uses a comprehensive approach in providing treatment services to the residents. This is achieved through trauma informed cognitive behavioral therapy with a strong emphasis on functional behavior assessment and behavioral modification. The program milieu and curriculum utilize the principles of Balanced Approach to Restorative Justice (BARJ), Aggression Replacement Training, and a cognitive distortions component. Treatment emphasis is placed on identifying and correcting potentially harmful patterns of thought, improving social skills, teaching problem solving skills and developing an awareness of the community and victim, while altering target pro-social and maladaptive behaviors.

In both the Sex Offender and Habitual Offender Programs, treatment interventions include but are not limited to individual therapy, group therapy, family therapy, social skills training, cognitive/behavioral therapy, and psychiatric support. The Abraxas Academy uses a Multi-Disciplinary Team approach which includes assessment, treatment planning and intervention strategies developed by the adolescent, family, primary Clinician, Case Managers, Treatment Supervisors, Psychologist, Psychiatrist, placing agency, and education specialists. A multi-disciplinary/adolescent centered approach is utilized to effect positive change, in order to return the adolescent to a less restrictive setting in a reasonable time frame; ideally to the care of their family.

Secure Detention

The primary goal of Secure Detention is to provide safe, secure, 24-hour out-of-home care to male or female youth who have been assessed as posing a risk to the community. Detention residents have access to structured recreation and year-round educational services

The program challenges and fosters changes in irresponsible attitudes and thinking and seeks to create positive self-esteem within a climate that encourages self-examination. Detention services place a high degree of emphasis on safety and security through the use of intensive supervision, and a highly structured framework of institutional norms and programming that stresses resident growth and development. Although not "treatment" focused, detention programming is designed to provide activities that promote resident growth and development and to prepare them for entry into more long-term treatment processes. Although not viewed as therapeutic/clinical programming, these activities engage the resident in an experiential and cognitive process whereby inappropriate behaviors and socially unacceptable lifestyles can be examined and the change process can be encouraged in preparation for entry into a treatment program.

Shelter Program

The Shelter Care Program is a short term residential program for at-risk males and females. Residents are dependent, delinquent, pending adjudication by the court, or under the supervision of children and youth services. Placement is for 30 days or less, however extension requests are accepted and evaluated on a case-by-case basis.

The primary goal of the Shelter Care program is to provide an environment that fosters safety. The shelter program does this by providing quality programming through groups, structured recreation, and year-round educational services. In addition, the program utilizes educational outings and community service projects as a means to maintain a positive connection to the community.

The Abraxas Academy is located in a rural area approximately 6 miles from Morgantown, Pennsylvania. The facility was built in 1999. It is a three story building with housing units on both sides and administrative offices, classrooms, and common areas in the core of the building. All the sleeping rooms are dry (without toilets). Most of the sleeping rooms are single occupancy but there are two rooms in each unit that are double occupancy. Toilets and showers provide excellent privacy and residents report they are never seen naked by staff of the opposite gender. There is a large outdoor recreation area with a garden and greenhouse. The green house serves as part of the classroom for environmental sciences. The school area also includes a Wood Shop. The facility has 168 cameras. There is a plan to add additional cameras over the next four years. There have been no renovations to the facility since its construction.

The notice of the audit was posted throughout the facility, as were posters, in English and Spanish, informing residents, staff, and visitors how to report allegations of sexual abuse and sexual harassment. All doors into living units also had signs reminding all staff to announce their presence when entering a housing unit.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	8
Number of standard met:	31
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 Academy Zero Tolerance policy is publicly posted and meets the requirements of the standard.

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

Ms. Phebia L. Moreland is the GEO Group PREA Coordinator and is an upper-level manager. The PREA Coordinator's span of control is illustrated on the GEO table of organization. Ms. Moreland stated that being the PREA Coordinator 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.

The AA PREA Compliance Manger is Dina Flickinger. Mrs. Flickinger stated that her official title is Quality & Compliance Specialist. She stated she has other duties, but she still has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Facility Standards. The PREA Compliance Manager position is illustrated in the Academy's Table of Organization.

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 residents.

Standard

§ 115.313 Supervision and monitoring

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

AA has an Annual Facility Assessment (staffing plan). The facility has had no findings of inadequacy from any court or Federal investigative agency. The Facility Assessment describes all components of the facility's physical plant and identified areas where some blind spots were identified and where additional cameras were needed. The PCM documents, in writing that the PCM has been consulted and reviewed the Annual Facility Assessment.

The Annual Facility Assessment also described the resident population. The Assessment similarly described the number and placement of supervisory staff. A separate table illustrated the AA Budgeted FTE Report. The auditor also reviewed the activity schedule at the AA. AA is in compliance with the Pennsylvania Department of Human Services regulations and is licensed by the agency. At the time the Annual Assessment was written (November 12, 2015) there had been 43 allegations of sexual abuse and sexual harassment reported in the previous two years, five substantiated.

The facility complies with the Annual Assessment and staffing plan. The staffing ratio is 1:6 during waking hours and 1:12 during sleeping hours. Some programs require higher staffing levels because of the nature of the client population. For example, the sex offender unit has a staffing level of 1:6 around the clock.

If there is a deviation from the staffing plan, it is documented. There were no reported deviations in the staffing plan at the time the plan was written. The Facility Director reported there were four times in early 2016 when the facility was out of compliance for a matter of two-hours or less.

The facility has an excellent procedure for conducting unannounced rounds. The auditor reviewed "Unannounced PREA Rounds" checklists that supervisors completed when they visited each living unit and all other areas of the building. There is space where supervisors can acknowledge any needed corrective actions. The checklist is reviewed by the PREA Compliance Manager who documents her review in writing.

The auditor finds that AA exceeds the requirements of the standard based on the comprehensiveness of Annual Facility Assessment, the staffing ratio, the documentation and extensiveness of the "Unannounced PREA Rounds" report 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)

AA Policy prohibits cross-gender strip searches, cross gender visual body cavity searches, and cross-gender pat down searches except in exigent circumstances. If, in an exigent circumstance, a cross-gender search was ordered, it would be documented. The Commonwealth of Pennsylvania also has very strict rules that prohibit cross-gender searches under any circumstances.

During random interviews with residents the auditor was told that a few staff do not always announce their presence when they enter a resident housing unit, but that most of the staff say their name followed by the statement, "on deck."

The facility 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."

At the time of the audit, the auditor found that the facility did not meet the standard because in interviews with Youth Development Specialists, there was considerable confusion about how to conduct a cross-gender search and a search of a transgender or intersex resident in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. In spite of the fact that the agency appropriately documented that the staff received the required

training, the interviews showed the “message” on how to conduct these searches did not get through to all the staff taking the training. The auditor recommended refresher training on this procedure be conducted and that the facility consider using the Moss Group video that describes the proper way to conduct these searches. All appropriate staff were retrained before the end of September, 2016. The facility now meets the standard.

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)

The AA policy and procedure meets the requirements of the standard.

One resident was interviewed who was identified as being developmentally disabled. He reported that he has difficulty reading and that when he came to AA he did not understand the PREA material, but that he was told verbally by the PREA Compliance Manager all about PREA. He said staff continue to ask him questions about PREA.

A second resident was interviewed who spoke virtually no English. The auditor was assisted by a bi-lingual staff member during the interview. The resident reported that he does understand PREA and how to report it.

The AA procedures prohibit the use of resident interpreters, readers, or assistants except in emergency situations. In most cases, bi-lingual staff are on duty at the facility on all shifts.

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.

The facility provided the auditor with documentation that persons being considered for hire 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) (20) of section 115.317 of the standards.

AA 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.

AA requires all employees to report any conduct described in items 1, 2, or 3, above.

The auditor reviewed five personnel files and confirmed the background checks and statements regarding prohibited behaviors were in the files.

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."

The auditor observed the very comprehensive video camera coverage during the site review. The auditor also reviewed previously recorded days 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)

AA policy describes the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse. The Berks County Department of Human Services (DHS) will be immediately notified of any allegation of sexual abuse. The Pennsylvania State Police (PSP) will also be notified if it appears the sexual abuse is a criminal act. The AA investigator will initiate a preliminary investigation and work cooperatively with the PSP and the DHS. 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.

AA has Memorandums of Understanding (MOU) with the Reading Hospital that state the hospital will provide forensic exams, as needed, without financial cost to the victim.

The facility also has an MOU with Berks Women in Crisis that states 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.

Brochures are provided to AA residents that describe the services that are offered by these programs.

The facility has a log that will document referrals to the crisis center (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)

AA Policies describe the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse. 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. The PSP confirmed, in an earlier audit that the PSP Troopers receive training on investigating sexual assault and sexual abuse.

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 refresher training. The auditor was told the staff had to take a written test following the training. Staff told the auditor they are also given refresher training, 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.

An employee takes a written exam following the training and also acknowledges, in writing, that he/she has received the training and understands it.

The auditor was very impressed by the meticulous detail in the training.

Staff were also given pocket cards during their training that describe the steps to follow if an allegation is reported. The auditor finds that the facility's staff training 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)

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

The auditor interviewed four contractors and a volunteer and they confirmed they had received the training and found it to be very valuable.

GEO/Abraxas provides a very wide-ranging training programs for 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)

During the intake process, a new resident receives information regarding AA's Zero Tolerance Policy and how to report allegations of sexual abuse or sexual harassment.

All new residents confirmed, during interview that they received the initial orientation at the point of intake and additional training in small groups thereafter. Resident education is provided on a regular basis.

The *Abraxas Youth Safety Guide* is printed in both English and Spanish. Residents confirm, in writing, that they have received the training and the *Youth Safety Guide*, and understand the material.

As supervisors and administrators make unannounced rounds, they ask residents specific questions related to PREA. This is an excellent way to monitor the knowledge and understanding residents have of PREA.

By providing residents with a very thorough education on PREA and by continuing to monitor the residents' understanding of PREA by asking them questions on a regular basis, AA 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)

The Academy has nine (9) staff who have successfully completed the specialized training for investigators. The investigators completed a very comprehensive online course that was developed by the GEO Group for its investigators. The auditor reviewed the lesson plans for this course that totaled 145 pages. The curriculum provided great detail on all facets of investigating sexual abuse and sexual harassment in confinement facilities including how to collaborate with the forensic team and a victim advocacy agency, law enforcement and the legal issues involved in conducting these types of investigations. Documentation was given to the auditor that confirmed the investigators completed the basic PREA training and the specialized investigator training. Acknowledgements were also provided in writing that confirmed the employees had received and understood the investigator training.

Based on the very detailed and extensive GEO/Abraxas Investigator Training Curriculum and the number of staff who have completed the Investigator Training at this facility, the auditor finds that the AA exceeds the requirements of 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 Nurse Manager and mental health clinician state they had received the specialized training that was developed by the PREA Resource Center and the National Commission on Correctional Health Care under a grant from the Bureau of Justice Assistance. This is a very complete and very detailed curriculum that covers all the areas required by Standard 115.335 (1) – (4). AA documented that the Nurse Manager and mental health clinician received the basic training and the specialized training. When interviewing, the contract dentist and the contract physician, however, they said they were not sure if they received the Specialized Training for Medical and Mental Health Care. The PMC documented that the doctors had received the training. The doctors said they recalled getting something to take home and review and sign that had received the material.

The auditor, at the time of the on-site audit, found that the facility did not meet the standard. Medical and mental health professionals are very important positions and play a critical role in helping a facility to become truly sexually safe. The corrective action plan was to provide the necessary training. Before the end of August 2016 the doctor and the dentist were provided on-site training by the PREA Compliance Manager. Written documentation was provided to the auditor that was signed by the doctor and the dentist.

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)

AA Policy requires that no later than 72 hours after the youth's arrival at the facility and periodically throughout the youth's stay in the program residents will be screened for risk of victimization and abusiveness using the GEO screening tool, the *Vulnerable to Victimization Reassessment Questionnaire*. AA will use information about his/her personal history and behavior to reduce the risk of sexual abuse by or upon the youth.

If the resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, he/she will be offered a follow-up meeting with a clinician within 14 days.

The program will use the information gathered to make room and programming assignments with the goal of keeping the client safe and free from sexual abuse and sexual harassment.

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. A resident will be reassessed with the reassessment instrument once every four months by his/her case manager.

The Academy provided documentation that the screening for risk of victimization was being administered. The auditor also confirmed this during the review of the resident files. The AA procedures state who has access to the information on the assessments.

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)

The AA Policy and Procedures meet the requirement of the standard.

During the site review of the living units, the auditor looked into several rooms. No living unit is designated just for transgender, intersex, gay, lesbian or bisexual residents. The auditor interviewed one resident who identified as being intersex and one resident who identified as being transgender. 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.

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)

AA 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 provider, to his or her parent/guardian, probation officer, attorney, or chaplain or minister. The Guide also provides the phone number for child abuse hotline. Residents can also file a grievance regarding sexual abuse and sexual harassment. The resident handbook describes the grievance procedures.

The residents that were interviewed stated they know of multiple ways of reporting sexual abuse and harassment allegations and listed talking to staff, telling a family member, calling the hotline and filing a grievance as examples. They also said they know they can make the reports in writing, verbally, via third parties, and anonymously.

During the site review, the auditor saw numerous posters throughout the facility that informed residents how to report sexual abuse and sexual harassment. Residents also said the staff do provide writing materials if they need them to make a written report.

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. The posters state:

"GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup or at the toll free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827".

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)

The GEO Corporate Procedure Manual 5.1.2 – B Section III. J. 2 directs facilities to have a facility-specific grievance procedure for reporting sexual abuse that addresses all the elements of this standard.

AA Policy incorporates all the elements of this standard in the policy and also addresses Emergency Grievances and Red Flag (personal safety concerns) reports. The grievance procedure is available to the residents in the AA Resident Handbook.

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)

The Academy uses Berks Women in Crisis to provide outside support services. The facility has a Memorandum of Understanding with Reading Hospital that includes a statement that the hospital will provide SAFE/SANE and support services, as needed.

The day before the audit started a resident reported to a staff member that he had been "raped" in the shower on the previous day. The staff member immediately reported it to the supervisor on duty who activated the sexual abuse procedures. The nurse was notified and examined the resident and said the resident was in no immediate danger and could be transported to the hospital for a forensic exam. The supervisor notified Reading hospital that AA was bringing a resident for a forensic exam. Within an hour the resident was transported to the hospital. Berks Women in Crisis was also notified. The resident's parents were also called and met the staff at the hospital. The next morning, the resident was seen by the Academy's physician. There was a previous sexual abuse allegation investigated and confirmed earlier in the year which was handled equally well, but did not require a forensic exam.

During the interviews 7 of 10 residents reported that they knew there were agencies in the community that could provide outside support services, if requested, but they could not remember the name of the agency. Three residents stated they were not aware of any outside support services. The eight residents who were aware there were services available said that these services have been discussed with the residents in group meetings with the staff.

Because the majority of the youth have been committed by a juvenile court for offenses, they have no continuing need for legal counsel. Some of the youth in the detention and shelter programs said they still had attorneys and they are in communication with them.

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)

Every resident interviewed was aware that he/she could report a sexual abuse to his/her parent, family member caseworker, probation/parole officer, or CASA worker, if he/she did not feel he/she 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)

All the random staff interviewed by the auditor described in detail their reporting responsibilities beginning with the immediate supervisor up to and including the Department of Human Services, Protective Services. 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 supervisor on duty will notify the institution investigator and the PSP (if the incident appears to be criminal in nature).

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

The AA procedure also states that contractors, interns, and volunteers are also considered mandatory reporters and must follow the reporting procedures and protocols.

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 Facility Director will notify the Corporate Office, the PREA Coordinator, the resident's (victim's) parent/guardian (unless the court has ordered they not be notified), the appropriate agency that has jurisdiction over the resident, if the resident has been committed to the state, and the resident's attorney if the resident is under the jurisdiction of the local juvenile court.

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)

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 resident's safety was assured. If the aggressor is known, he/she could also be removed from the area.

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 AA had received an allegation that a resident had been sexually abuse at another facility during a time the Facility Director was on annual leave so she notified the director of the other facility. The notification was documented by the Academy.

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

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

The auditor interviewed ten random staff and a teacher and specifically asked what he/she would do if a resident told the 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, not to shower, use the toilet, change clothes, or brush their teeth, etc. Several staff said the pocket card 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 AA Policy titled, "Facility PREA Response Plan Following Resident Report" states the roles and responsibilities each of the supervisors and administrators on duty will perform to ensure the victim's safety and the preservation of evidence. The policy requires immediate reporting of any allegation of sexual harassment, sexual abuse and/or sexual exploitation, retaliation against a resident or staff member for reporting a sexual abuse or sexual harassment, or any violation of staff responsibilities that may have contributed to an abuse or harassment that occurred in the facility.

The plan also addresses notifications to children's protective services, the PSP, parents/legal guardians (if allowed), attorney, and the probation officer or other legal representative.

If the resident is in immediate danger, the plan outlines the actions staff members are required to follow, including separating the victim and the alleged abuser.

If there is an allegation of sexual abuse, the medical staff will see the resident immediately and determine if the resident should be transported to the hospital for a forensic exam.

The mental health provider will also be immediately notified and a suicide assessment will be conducted. Results of the mental health evaluation will be provided to the treatment team, as soon as possible.

The pocket card is a very valuable resource for the staff so each staff member can refer to the appropriate steps in the process.

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 Academy does not have any collective bargaining agreements.

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)

At AA, the investigator is charged with monitoring for retaliation. The auditor interviewed the investigator who explained that she would meet with the victim weekly and that she would be assessing behavioral reports and changes in behavior. The facility has a Protection from Retaliation Log that is used to document the contacts between the therapist and the victim. The facility provided examples of completed logs. The investigator stated that the monitoring would continue for at least 90 days and could be extended longer if there was a need. A resident could be moved to a different housing unit if such a transfer would ensure further protection of the victim. If the act was criminal, it is possible the aggressor could be moved to a juvenile detention facility or jail, pending trial on new charges.

Staff who may be the subject of retaliation will be monitored by the investigator. If necessary, to prevent retaliation, staff can be moved to a different shift or to a different post.

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

This facility 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 7 PREA investigation files, with the facility investigator, regarding PREA allegations that had been reported between since January 1, 2016 and August 15, 2016. Of the 7, four allegations alleged sexual abuse. There were two resident-on-resident allegations of which one was substantiated and the other is still pending. There were two staff-on-resident allegations, both of which were unfounded. Of the three alleged sexual harassment allegations, two were resident-on-resident and one was staff-on-resident. One of the two resident-on-resident harassment cases was substantiated and the second was unfounded. The staff-on-resident harassment investigation is still pending. The investigator reported to the auditor that she also has investigated four incidents of "Willing Sexual Activity" involving residents that were not PREA allegations. Allegations of sexual abuse are investigated by the Pennsylvania State Police and the Pennsylvania Department of Human Services. If the allegation involves a staff member of the Academy, the matter is also referred to the GEO Office of Professional Responsibility.

Investigations are not terminated if the resident recants the allegation or leaves the facility. The investigator stated the credibility of the alleged victim, witness, and or suspect will be assessed on an individual basis. Residents will not be asked to take a polygraph exam.

If the investigation finds the sexual abuse was substantiated, the matter will be referred to the local PSP for possible prosecution by the District Attorney.

Administrative investigations determine if staff actions or failures to act contributed to the abuse or harassment. All investigations are documented in written reports. AA retains all written sexual abuse and sexual harassment reports for as long as the alleged abuser is in the facility or employed by the company, plus five years.

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection states:

"GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years."

The GEO Policy also states: "Due to their confidential nature, all Sexual Abuse and Sexual Harassment investigative files shall be retained in a secure location with restricted access as designated by the Facility Administrator."

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 AA 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)

The auditor interviewed one resident who reported a sexual abuse and whose investigation is closed. The resident stated that he was informed that the abuser was moved to a different unit. The facility provided the auditor with written documentation that in the one case the resident had been informed.

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.

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 employee handbook also states that any sexually abusive behavior can result in termination.

The Facility Director reported that no employees have been terminated or have resigned for violation of this policy during the reporting period.

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)

The Academy policy meets the requirements of this standard.

The Facility Director told the auditor that any volunteer or contractor who violates this policy will be immediately removed from the facility and reported to the PSP for investigation. He also stated that any applicable licensing body would also be notified. No volunteers or contractors have ever been removed for violation of the AA policy on sexual abuse or sexual harassment.

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)

The AA Resident Handbook describes, in detail, the disciplinary procedures for minor and major rule violations and the resident's due process. The auditor was told that if the resident's mental disabilities or mental illness contributed to his or her behavior that this would be taken into consideration when determining sanctions. Given that the entire focus of the Academy is on providing therapy to its residents, it goes without saying that therapy would be provided to any resident who was involved in any sexual abusive behavior or sexual misconduct.

The Academy does not use isolation. Sanctions for sexual abuse could range from criminal prosecution and removal from the program, and placement in jail or juvenile detention, to a program restriction including the loss of privileges.

The auditor was provided an example of disciplinary actions taken when a resident falsely reported that a staff member sexually abuse another resident.

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)

The AA Policy meets the requirements of the standard.

No later than 72 hours after the youth's arrival at the facility and periodically throughout the youth's stay in the program, the program will use information about his/her personal history and behavior to reduce the risk of sexual abuse by or upon the youth.

During the intake process, a trained Mental Health Clinician or Case Manager will complete the objective screening instrument with the client. The purpose of the screening instrument is 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. If the client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he will be offered a follow-up meeting with a therapist within 14 days.

Interviews with the mental health therapist and residents confirmed that if a resident scores high on Vulnerability Assessment he/she will be seen by a mental health therapist within 14 days. The auditor reviewed five completed assessments and the documentation from the 14 day follow-up meeting.

The information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health staff and other specifically designated staff. The files are maintained in a secure room in secure cabinets

The therapist told the auditor that they are mandatory reporters and therefore informed consent is not necessary, regardless of where the abuse happened.

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 Academy. Nurses are at the facility 7 days a week. The focus on providing comprehensive therapy for the residents at the facility means AA has many highly trained and educated masters' level counselors on the staff every day. Administrators and Program Managers are on-call after normal business hours.

The Nurse Manager reported that AA has an MOU with Reading Hospital that includes providing SANE services. The hospital is approximately 20 minutes from the facility. If a nurse is not on duty at the time a report of an abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to 115.362 and will immediately notify the administrator on-call, the Nurse Manager, the mental health clinician, the PCM, and the Reading Hospital, if needed.

The nurse 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 accomplished by sending the female resident/victim to the hospital.

These services will be provided without cost to the victim.

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)

AA residents who have been victims of sexual abuse will be offered continuing medical and mental health treatment. These services will become part of the resident's overall treatment plan, the PCM told the auditor during the interview. The scope of these evaluation and treatment services will include services for continued care, as appropriate, following their transfer or release from custody.

Both the Nurse Manager and the mental health clinician stated that the level of care residents receive in this facility 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.

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

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

The Academy is a facility that provides services to residents who have a history of sexually abusive and sexually aggressive behaviors. The facility conducts a mental health evaluation on all sexual abusers within 14 days of admission.

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)

The Facility Director reported that whenever there is an allegation of sexual abuse or sexual harassment the administrative team meets as soon as possible to do a preliminary analysis of the events that lead up to the abuse or harassment allegation. This is done to identify issues that can be corrected immediately.

After the DHS investigation and, if necessary, the State Police investigation, AA would complete its own investigation and all the information would be forwarded to the PREA Coordinator at the Corporate Office for review.

When the investigation is completed, the Incident 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 three (3) After-Action Review Reports and found they were comprehensive and complied with the requirements of the standard.

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)

When an allegation is reported and investigated, a PREA Incident Report Survey is completed. This 22 page survey captures all the critical information regarding the alleged sexual abuse. 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 Incident 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 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 2015 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)

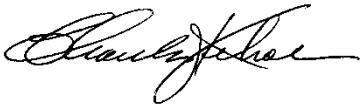
The PCM state that she secures all data collected pursuant to 115.387 in a secure cabinet, in a secure office and access to these files is limited to a small number on the administrative team. This data is maintained for at least 10 years, in accordance with this standard.

As previously mentioned, the 2015 Annual Report, which includes aggregated sexual abuse data, is available on the GEO Web site.

The GEO Group has raised the importance of the data collection and analysis even further by creating a position titled Corporate PREA Data Specialist. This person will be for the collection and analysis of PREA data from all GEO facilities with PREA obligations. 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 August 29, 2016, the Abraxas Academy, Morgantown, Pennsylvania meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



Auditor Signature

March 23, 2017

Date