

**Leadership Development Program  
Prison Rape Elimination Act (PREA) Audit Report  
Juvenile Facilities**

Interim       Final

**Date of Report**    May 3, 2019

**Auditor Information**

<b>Name:</b> Joseph W. Ehrhardt	<b>Email:</b> josephehrhardt.prea@gmail.com
<b>Company Name:</b> Joseph W. Ehrhardt	
<b>Mailing Address:</b> P.O. Box 553	<b>City, State, Zip:</b> Ocean View, Delaware 19970
<b>Telephone:</b> 609-510-9440	<b>Date of Facility Visit:</b> 4/2/2019 – 4/4/2019

**Agency Information**

<b>Name of Agency</b> The GEO Group, Inc.	<b>Governing Authority or Parent Agency (If Applicable)</b>
<b>Physical Address:</b> 1 Park Place, Suite 700, 621 Northwest 53rd Street	<b>City, State, Zip:</b> Boca Raton, Florida 33487
<b>Mailing Address:</b>	<b>City, State, Zip:</b>
<b>Telephone:</b> (561-999-5827	<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The Agency Is:</b>	<input type="checkbox"/> Military <input checked="" type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal

Agency mission:    GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

Agency Website with PREA Information:    <https://www.geogroup.com/PREA>

**Agency Chief Executive Officer**

<b>Name:</b> George C. Zoley	<b>Title:</b> Chairman of the Board, CEO and Founder
<b>Email:</b> gzoley@geogroup.com	<b>Telephone:</b> 561-893-0101

### Agency-Wide PREA Coordinator

<b>Name:</b> Phebia L. Moreland	<b>Title:</b> Director, Contract Compliance
<b>Email:</b> pmoreland@geogroup.com	<b>Telephone:</b> 561-999-5827
<b>PREA Coordinator Reports to:</b>  Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 56 (US Corrections) 41 (Reentry Services) 8 (Youth Services) 3 (Lockups) = 108 total

### Facility Information

<b>Name of Facility:</b> Leadership Development Program
<b>Physical Address:</b> 10058 South Mountain Road, Building #6, South Mountain, PA 17261
<b>Mailing Address (if different than above):</b> PO Box 334, South Mountain, PA 17261
<b>Telephone Number:</b> (717)749-3066

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input type="checkbox"/> Other

**Facility Mission:** We as professional staff, are dedicated to meeting the needs of our residents by providing a clean, secure and structured environment. We challenge our residents through high expectations, to be accountable for their past, present and future actions. We shall teach our residents by examples of teamwork, sincerity and communication. We shall do this in a dignified, caring and respectful manner, thus helping our residents become the best that they can be. A successful participant in our program shall return to family and community, understanding that the choices that they make today shall determine their future pathways.

<b>Facility Website with PREA Information:</b> <a href="http://www.abraxasyfs.com">www.abraxasyfs.com</a> \ <a href="https://www.geogroup.com/PREA">https://www.geogroup.com/PREA</a>
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Facility Administrator/Superintendent

<b>Name:</b> Craig Schmidt	<b>Title:</b> Facility Director
<b>Email:</b> CSchmidt@Abrazasyfs.com	<b>Telephone:</b> 717-749-7440

### Facility PREA Compliance Manager

<b>Name:</b> Maggie Olsen	<b>Title:</b> PREA Compliance Manager/Assistant Director
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<b>Email:</b> MDowling@Abraxasyfs.com	<b>Telephone:</b> 717-749-2614
<b>Facility Health Service Administrator</b>	
<b>Name:</b> Amy Randt	<b>Title:</b> Nurse Manager
<b>Email:</b> ARandt@Abraxasyfs.com	<b>Telephone:</b> 717-749-7440
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 128	<b>Current Population of Facility:</b> 79
<b>Number of residents admitted to facility during the past 12 months</b>	194
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	193
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	194
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	None
<b>Age Range of Population:</b>	10-20 yrs. old
<b>Average length of stay or time under supervision:</b>	5 months
<b>Facility Security Level:</b>	Staff Secure
<b>Resident Custody Levels:</b>	N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	181
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	181
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	0
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 2	<b>Number of Single Cell Housing Units:</b> 4
<b>Number of Multiple Occupancy Cell Housing Units:</b>	3
<b>Number of Open Bay/Dorm Housing Units:</b>	1
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	None
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>	
Leadership Development Program (LDP) utilizes 55 cameras accessible by leadership staff only through password protected desktop computers.	

**Medical**

<b>Type of Medical Facility:</b>	Not a medical facility; limited medical services provided on-site (assessments, minor first aid)
<b>Forensic sexual assault medical exams are conducted at:</b>	Summit Health: Waynesboro or Chambersburg Hospital via outside contractor (Women in Need)

**Other**

<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	6 contractors, 2 volunteers
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	111

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The on-site PREA compliance audit at Leadership Development Program (hereafter referred to as LDP), operated by Abraxas Youth and Family Services, a division of the GEO Group, Inc. was conducted from April 2- April 4, 2019 in South Mountain, Pennsylvania. The selected auditor (hereafter referred to as Auditor) was Joseph W. Ehrhardt (PRC Auditor I.D. # P2218) of Millville, Delaware. This is the second compliance cycle audit for LDP.

The Auditor would like to extend his gratitude and appreciation to the following GEO Group, Inc. and Abraxas Youth and Family employees for their professionalism, cooperation and kind assistance: GEO Group, Inc. PREA Coordinator Phebia Moreland; Abraxas Director of Quality, Compliance and Research Dr. Danny Cole; Quality and Compliance Manager Karen Gerak; LDP Facility Director Craig Schmidt; Assistant Director/PREA Compliance Manager Maggie Olsen; Quality and Compliance Supervisor Thomas Rodgers; Training and Clinical Director Michelle Nolan; Program Manager Bryan Coy, Nurse Manager Amy Randt, Clinical Coordinator Emily Friedrich, Training Manager Patrick Reid, Maintenance Manager Tom Kohler and Education Director Melissa Kennedy.

LDP is a 128 bed staff secure residential treatment facility which provides intensive treatment and support services for adjudicated male youths who have complex behavioral issues including sexual offenses and fire setting and short-term structured residential care for both male and female residents.

The agency PREA Coordinator provided the agency's PREA policies and procedures, supporting documentation for LDP and the facility's Pre-Audit Questionnaire (PAQ) to the Auditor via secure electronic removable storage device before the on-site audit.

Prior to the onsite audit, the Auditor was in contact with both Waynesboro and Chambersburg Hospitals of Summit Health and Just Detention International. Both hospitals confirmed the provision of forensic examination and victim advocacy services through Women in Need, a non-profit organization. Just Detention International reported no negative reports or information regarding LDP.

As of the date of this report, the Auditor has received no written correspondence from facility residents, staff or third parties. Notices inviting such correspondence were posted throughout LDP in both Spanish and English 45 days prior to the dates of the on-site audit.

The Auditor arrived at LDP on April 2, 2019 at 8:30 a.m. and was welcomed by Director Schmidt, Assistant Director/ PREA Compliance Manager Olsen and Quality and Compliance Supervisor Rodgers. An entry briefing was conducted at 8:45 a.m. with Mr. Schmidt, Ms. Gerak, Ms. Olsen, Ms. Nolan, Mr. Coy, Mr. Rodgers, Mr. Reid, and Mr. Kohler in attendance. Director Schmidt welcomed the Auditor and gave a brief overview of LDP. The Auditor expressed his appreciation to the agency PREA Coordinator and the GEO/Abraxas leadership team for their pre-audit cooperation and efforts to provide the Auditor with the information and materials necessary to provide a meaningful second compliance

audit. The Auditor then explained the audit process and schedule with the LDP leadership team. The Auditor had previously reviewed the staff roster and schedule and gave the Quality and Compliance Supervisor a list of selected staff for specialty and random interviews. This list reflected all shifts and levels of staff leadership as well as programmatic and clinical staff. The Quality and Compliance Supervisor then provided the Auditor with a current roster of residents in the facility's three programs. The Auditor selected representative residents for random and specialty interviews. The entry briefing concluded at 9:15 a.m. and was followed by interview selection and the site inspection.

The site review began at 10:00 a.m. and included Mr. Schmidt, Ms. Olsen, Mr. Rodgers, Ms. Gerak and the Auditor. The tour began in the female dorm and multi-purpose area, which is a separate across grounds from the main three-story building. While touring this area, the Facility Director asked the Auditor for guidance with regard to adding camera coverage in the female sleeping dorm to increase supervision and personnel accountability. In order to properly explore such a technological enhancement, the Auditor agreed to reach out to the PREA Resource Center.

The tour also covered the outdoor greenhouse and challenge courses and then moved back into the main structure. A description of each unit was provided and the Auditor had the opportunity to observe classroom instruction, individual counseling, and medical services. The Auditor was provided the opportunity to speak informally with both staff and residents and to observe all sleeping rooms and all bathroom and shower facilities. The Auditor was able to view camera placement in each area. Finally, the Auditor toured the basement dining room and serving areas. The outdoor recreation, greenhouse and challenge course was viewed several times during the on-site audit. The Auditor was able to view the Agency's PREA Zero-Tolerance and reporting instructions posters throughout the facility. Also prominently displayed were the required notices of the PREA on-site audit which were posted on February 19, 2019. Digital photos were provided of the postings.

Following the site review, the Auditor reviewed the output of each video camera to insure that they provided no view of residents changing, showering, or toileting. There were no issues in this regard. While the cameras are of good resolution and have been placed to offer a high level of monitoring capability, it must be noted that the camera system is not continuously monitored and therefore has little value in the primary prevention of sexual abuse. Residents are unaware that the cameras are not monitored and therefore offer some degree of deterrent value.

Following the site and camera reviews, the Auditor began interviews with specialized staff followed by specialized resident populations.

The first day of the audit, there were eighty-five (85) residents in the facility. Twenty-one (21) residents were interviewed in all; five (5) females in short-term care; ten males (10) in short-term care and six males (6) in long-term treatment. Nine (9) residents were identified as being from specialized populations. Twelve (12) residents were selected for random interviews. No resident reported sexual abuse or harassment at LDP, but two (2) had disclosed sexual abuse during screening. These allegations had been previously reported to the State DHS hotline, as required. Four (4) residents were identified to have developmental or mental health disabilities and three (3) identified as lesbian, gay or transgender. Despite efforts by both the Auditor and facility leadership to identify additional specialized populations, none other could be identified.

There are no isolation rooms in this facility and isolation is strictly prohibited by policy.

All interviewed residents reported feeling safe at LDP. All interviewed residents reported that they had been informed of the agency's Zero Tolerance policy for sexual abuse and sexual harassment. All interviewed residents reported their right to be free from sexual abuse and sexual harassment; their right to report such abuse and how to do so; and their right to be free from retaliation for reporting abuse or cooperating with sexual abuse investigations. Two residents from separate units reported hearing staff discussions regarding inter-personal relationships. While the discussions were not sexually graphic, they were inappropriate in this setting and lead to resident concerns regarding objectivity. These reports were shared with facility leadership following the interviews

Interviewed residents verified that they are informed about PREA upon admission; but receive an in-depth orientation about PREA within 72 hours of their admission from their assigned counselor. Fifteen interviewed residents also reported reading about PREA in their Resident Safety Guides, and they reported seeing the posters throughout the audit. Most of the residents interviewed reported seeing the PREA audit notice and reported participating in unit meetings where PREA rights and regulations are discussed two times per month. **All** interviewed residents reported being aware of their right to report any abuse allegations to the Pennsylvania Child Abuse Hotline, known as "Child Line".

At the time of the on-site audit, LDP was in the process of recruiting staff to fill vacancies and had adjusted their resident population as to not negatively affect staff: client ratios.

Thirteen (13) random staff members were selected from all three shifts and included staff members with 15+ years of experience and four (4) staff members who recently completed post-hire training. Thirteen (13) specialty staff were also interviewed including the Facility Director; the Deputy Director/Facility Investigator/PREA Compliance Manager who is on the Incident Review Team; two Program Managers; Nurse Manager; the Education Supervisor; three (3) intermediate or higher level supervisors; the Training Supervisor, a clinician, an intake staff member who screens new residents for sexual abuse victimization or perpetration; a designated staff member who monitors for retaliation; and two (2) medical contract staff (one Psychiatrist and one Nurse Practitioner).

Interviewed random staff members reported receiving the required PREA training and required refresher trainings. Interviewed staff members clearly stated GEO's zero tolerance policy for sexual abuse and sexual harassment, their duty to report and suspicions or allegations of sexual abuse or harassment, or to report retaliation against residents or staff members who report sexual abuse or harassment or cooperate with investigations into such allegations. Staff reported that they have been trained in cross-gender and transgender pat-down searches, but would only perform such in exigent circumstances with a witnessing staff member and under direction of facility leadership.

The Auditor interviewed twenty-two (22) residents and twenty-eight (28) staff members, contractors and volunteers for a total of fifty (50) interviews at LDP.

There were ten (10) allegations of sexual abuse at LDP since the last PREA compliance audit in 2016; two (2) in 2016; three (3) in 2017; four (4) in 2018 and one (1) this year. Investigation into the 2016 allegation resulted in unsubstantiated findings. Both allegations were resident on resident. Three allegations were made in 2017. One resulted in a finding of unsubstantiated and two were unfounded. The unsubstantiated allegation and one unfounded allegation were resident on resident. The other unfounded allegation was staff on resident. This allegation was made against an LDP staff member by a former LDP resident, then at another Abraxas facility. The former resident refused to name the staff member. The Pennsylvania Child Line was notified and all procedures followed. Of the 2018 allegations, one was substantiated sexual abuse and sexual contact between two residents who were

more than four years apart. This allegation was investigated both by the Pennsylvania State Police (PSP) and the facility investigator. The District Attorney declined to prosecute the older male abuser. There were two staff on resident allegations made in 2018; one was unfounded and the other was just completed by the facility investigator and was unsubstantiated sexual harassment. The unfounded allegation was the result of a restraint where a resident made an allegation of a staff member touching them inappropriately during the restraint. The alleged abuser staff member and other staff member witnesses all refuted the allegation. The alleged victim was also evaluated by the Medical Unit and found not to have the injuries alleged. The unsubstantiated allegation was reported to Pennsylvania Child Line, who determined the investigation should be conducted by the facility. The allegation centered on gossip overheard and the staff failure was addressed further. The fourth 2018 allegation was resident-on-resident sexual abuse and is still under investigation. There was a referral made to both Pennsylvania Child Line and the PSP due to the age difference between abuser and victim. The 2019 allegation involved staff-on-resident sexual abuse and was reported to Pennsylvania Child Line. The alleged abuser no longer works at LDP and the victim has also been released. The administrative investigation was completed as required and resulted in a finding of unsubstantiated. In all of the allegations, LDP properly followed all elements contained in a proper first response to an allegation of Sexual Abuse or Sexual Harassment.

Allegations of sexual abuse at LDP are investigated by the Pennsylvania State Police (PSP), the Pennsylvania Department of Human Services (DHS) – Office of Children, Youth and Families, the LDP Investigator and the Office of Professional Responsibility (OPR) at the GEO corporate office. The Auditor field-tested the Child Line and found it to be operational and the operator to be trained and responsive. The Auditor also spoke to the PSP trooper assigned as liaison to LDP. The trooper reported that they have a very good relationship with the leadership and investigative staff at LDP. They reported further that they have full confidence in the leadership at LDP and are confident of the safety of the residents at LDP.

The Auditor also spoke to a Manager at Women in Need (WIN) and verified that advocacy and victim support services shall be provided upon request by LDP and that WIN supports both Summit Health hospitals in providing forensic services to sexual assault victims as needed. The Manager also verified that the MOU between LDP and WIN is in effect.

The Auditor reviewed the employee and training files of six (6) previously interviewed employees whom the Auditor selected. All reviewed personnel files revealed that criminal record checks were completed and cleared prior to the employee's start date. All employees also received a favorable check from the Pennsylvania Child Welfare Registry. Five year rechecks were exceeded on all employees whose records were reviewed by the Auditor. Hiring and promotional materials confirmed that LDP meets all requirements of 115.317 in its hiring and promotion practices. These practices also meet the same standards as specified in 115.317 for contracted employees and volunteers.

The training files reviewed by the Auditor were consistent with the interviews conducted with the same employees and indicated that all employees received required PREA training including all eleven (11) elements listed in standard 115.331. The training is geared to working with a youthful population and refresher training is held at least once per year with additional training being offered during unit meetings. Specialized staff receive an additional four hours of training during their orientation training and an additional two-hour refresher training each year.

Eight (8) resident files were reviewed by the Auditor: two from the Treatment Unit two from the each of the three short-term housing units. All resident files included a description of PREA training given to



the resident at orientation and included a resident sign-off on the training. Refresher training has been provided to residents who remained at LDP longer than 30 days. Reviewed resident files also revealed numerical risk assessments with PREA risk determinations for sexual abuse victimization and perpetration. Serious incident reports are included in resident files and pertinent clinical notes which are accessible to facility supervisors.

The facility employs fifty-five (55) cameras monitored by two DVRs, including forty-seven (47) indoor and eight (8) outdoor cameras. The facility's camera system was found to be in excellent repair and the maintenance staff is vigilant in ensuring that work orders are handled promptly. The video monitoring system is an essential investigative and personnel management tool. As previously mentioned however, the video monitoring system cannot be viewed as a PREA prevention component unless the agency/facility institutes policies and procedures to insure that the system is monitored on a continuous basis.

LDP does not use or allow the isolation of residents at any time.

The GEO Group does not contract with any outside group/agency to hold LDP residents and standard 115.312 is not applicable.

LDP employees of all levels are not members of any labor collective bargaining unit.

An Exit Briefing was held on Thursday, April 4, 2019 at 3:00 p.m. in the facility's conference room. Present were Ms. Gerak, Mr. Schmidt, Ms. Olsen, Mr. Rodgers, Ms. Friedrich and the Auditor. GEO Director of Contract Compliance/PREA Coordinator Phebia Moreland and GEO/Abraxas Youth and Family Services Director of Quality, Compliance and Research Dr. Danny Cole attended the meeting via telephonic conference. The Auditor thanked the GEO and Abraxas leadership teams for their cooperation and support. The Auditor gave an overview of the audit and how LDP had responded to each PREA standard. The Auditor also emphasized that they would now begin the process of analyzing the data collected from the pre-audit review, the on-site tour and the interviews conducted to triangulate compliance to each standard provision. The final audit report would then be prepared. The Auditor did compliment Ms. Olsen for her excellent work in preparing the local pre-audit questionnaire and Mr. Rodgers for facilitating the on-site audit process. The Auditor also recognized the dedication of the GEO and Abraxas leadership in embracing the implementation and practice of the PREA standards at LDP.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Leadership Development Program consists of two structures providing residential, educational, treatment and counseling space for three separate and distinct programs. The main building is three stories and houses male short-term residents on the second floor (Alpha and Bravo Units) and the open male long-term treatment program (Delta Unit) on the third floor. The female dormitory (Charlie Unit) is located across campus and has a large dormitory, private bathroom and shower facilities and a large multi-purpose room. Females walk to the main building for education, some counseling services and for meals. Females are programmed apart from males for all activities except individual usage of the computer lab. These programs serve male and female youth ages 10-20 from counties across Pennsylvania and neighboring states. LDP is located on the sprawling grounds of the South Mountain Restoration Center in Franklin County, Pennsylvania. The facilities are licensed by the Pennsylvania Department of Public Welfare, Bureau of Human Services Licensing.

LDP's programs include short-term programmed care for delinquent/dependent males and females, ages 10-18 from several contracted Pennsylvania counties. These residents have been placed by probation agencies of the Juvenile Court or by the Pennsylvania Department of Human Services (DHS). Males and females in this program are housed and programmed separately, with the exception of individual use of LDP's computer lab. The third program provides open long-term treatment for delinquent males, ages 12-20, who have committed fire setting and sex offenses. The treatment program offers an individualized treatment plan consisting of education, counseling, dynamic therapeutic services, recreation and relapse prevention. The average length of stay in this program is 14-16 months. This Program operates on the third floor of the facility and occupies both wings and provides for office, meeting and programmatic space as well.

The basement floor of LDP provides a food service area, a Dining Room, classrooms and a computer lab. LDP also has a greenhouse/garden area with chicken coops, and a recreation area with a challenge/climbing course. The facility also provides off-grounds paddling, hiking and wilderness Activities.

On the first day of the on-site audit, there were twenty-two (22) residents on Alpha Unit, twenty-five (25) residents on Bravo unit, fifteen (15) residents on Charlie Unit and twenty-three (23) residents on Delta Unit.

Abraxas describes the LDP as follows:

"The overall program philosophy of LDP is consistent with that of all Abraxas programs, and guided by the Abraxas Seven Key Principles of client care. These principles require that staff be meaningfully involved with youth in all aspects of treatment through a highly structured behavioral change process. Relationships with staff and other residents, and the comprehensive treatment program combine to make the youth accountable to the program, to himself or herself, to his or her family, and to the community.

Taking responsibility and realizing that each resident is accountable for his or her actions are the basic building blocks for change in the individual residents. Upon admission to LDP, clients are assigned to a counselor who is responsible for providing weekly individual or group counseling sessions. The average length of stay for the general population in Alpha, Bravo and Charlie Units is 90 days. For residents in the open Fire Setter/Sex Offender Program, the average length of stay is 14-16 months."

### **Short-Term Residential Programs**

The LDP short-term residential program provides 24-hour out-of-home care to children who are in need of safe temporary placement. Short-term residential services place a high degree of emphasis on safety and security through the use of intensive supervision in a highly structured framework. Institutional norms and programming stress resident support, growth and development. The program is also designed to provide a safe and supportive environment to protect residents from abuse and neglect at the hands of others and self-harm.

A major component of the Short-term residential program is the provision of activities promoting personal development. While in placement, residents have the opportunity to work on those skills necessary to safely return them to their home community or to successfully transition to a more structured treatment setting. These opportunities include skill development in such areas as anger management, conflict resolution, socialization, proper hygiene, job search, and other generalized life skills. The program focuses on the resident's ability to carry these skills into their future lives. There is an emphasis on the link between experiential and cognitive learning.

The program also places a high emphasis on traditional academic learning, but coupled with physical fitness and personal health practices. Residents are involved in daily physical fitness activities including running, calisthenics and group sports activities. All activities at LDP have the goal to promote growth in self-esteem, self-confidence, and responsible thinking and behavior.

### **Open Treatment Program**

The Open Treatment Program serves adjudicated delinquent males with a history of fire setting and/or sexual offenses who come from four different states and the metropolitan area. Most of the residents in the open treatment program are younger and less sophisticated. The treatment program utilizes four phases to correct dysfunctional thought processes, to change inappropriate values and feelings and to redirect and change behaviors leading to the risk of re-offending.

LDP utilizes a multi-faceted focus to accomplish these treatment goals. Treatment plans are holistic and address several problem areas simultaneously. Treatment time remains fluid and depends on the resident's needs, the program's prognosis for success upon the resident's re-entry to the community, and the consent of the committing juvenile court authority.

Because the program addresses fire setting, sexual offenses or residents with both issues, LDP utilizes a highly structured therapeutic approach designed to meet each resident's particular treatment needs. All structured program activities are performed under a carefully controlled umbrella of mutual respect, adherence to norms and rules, and a need to progress toward individual and group goals. Residents are held to a standard in which they are always escorted or supervised by staff. Every component of their treatment is a reminder that their former way of thinking, viewing situations and behavior has resulted in their placement at LDP and their need to change and develop as responsible members of the community. It is that treatment however, that teaches respect and dignity through self-examination and awareness. Positive behavioral change is reinforced by intensive academic and social education, therapy, individual and group counseling utilizing nationally recognized treatment models. These include a 52-week curriculum with weekly groups in Aggression Replacement Training, Alternative Group Rehabilitation for residents with PTSD, Thinking Errors and Correctives, Drug and Alcohol Education, Skill Streaming, Balanced and Restorative Justice and family groups.

### **Education Program**

A licensed, accredited facility-operated education program, licensed by the Public Department of Education, provides education year-round and offers the potential for students to earn a high school diploma; an opportunity to enroll in a GED track; the opportunity to earn graduation credits for their home school district; Microsoft Systems certification and additional life skills. The Education Program serves grade levels 5-12 and provides Special Education services and Individualized Educational Programs (IEP) as indicated. This program also offers vocational assistance and computerized exploration of vocational and technical opportunities. The education program has a current staff of 23, including 17 teachers.

### Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** **Nine (9):** 115.331; 115.332; 115.333; 115.334; 115.335; 115.341; 115.387; 115.388 and 115.401.

**Number of Standards Met:** **Thirty-four (34):** 115.311; 115.312; 115.313; 115.315; 115.316; 115.317; 115.318; 115.321; 115.322; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.389 and 115.403.

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**Number of Standards Not Met:** **Zero**

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**Summary of Corrective Action (if any)** **None**

## PREVENTION PLANNING

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

GEO Group, Inc. as the parent agency of Leadership Development Program has developed a strong agency policy regarding Zero Tolerance for any type of sexual abuse or sexual harassment in its facilities and programs. South Mountain Policy "Sexually Abusive Behavior Prevention and Intervention

(PREA) dated 9/25/14 reinforces this policy at LDP. Sexual abuse and/or sexual harassment between residents and employees, contractors and volunteers is strictly prohibited regardless of consent. Employees, contractors and volunteers who participate in any sexual abuse or harassment or who have conversations or have correspondence with residents of a sexual or romantic nature are subject to administrative disciplinary sanctions and possible criminal charges. The agency has no tolerance for any type of inappropriate sexual behavior with residents and any evidence of such shall constitute a breach of the "Standards of Employee Conduct", Volunteer agreements, and Contractor agreements.

Zero Tolerance for Sexual Abuse also appears in the agency's Employee and Resident Handbooks and on the Pennsylvania Sex Offender Registry consent form.

GEO Group, Inc. employs an upper level Contract Compliance Director who serves as the agency PREA Coordinator. The PREA Coordinator, who works out of the Geo Group, Inc.'s corporate office in Florida has provided the Auditor with answers to their specialized interview questions. The PREA Coordinator reports that PREA Compliance is her full-time responsibility and they have (5) regional support staff to help them complete required tasks. They also reported great support from GEO leadership.

LDP has a PREA Compliance Manager who reports to the above-referenced regional staff. They indicated that they have the full support of both GEO and LDP leadership to complete their tasks. This support included mentoring from a neighboring GEO facility's PREA Compliance Manager. The Auditor was satisfied with the pre-audit preparation and support of both the PREA Coordinator and the PREA Compliance Manager.

## Standard 115.312: Contracting with other entities for the confinement of residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

GEO/Abraxas Youth and Family Services does not contract with any public or private entity to hold Abraxas residents. This policy was confirmed by the corporate level PREA Coordinator, the local PREA Compliance Manager, and random staff interviews.

### Standard 115.313: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA



- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes    No    NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes    No    NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes    No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes    No

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes    No    NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes    No    NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes    No    NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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As part of the LDP pre-audit examination, the agency provided the Auditor with copies of the LDP annual staffing assessment which examines all eleven elements of standard 115.313 for the three past years following the initial PREA compliance audit. The Auditor found that the facility did identify blind spots in 2016 and most were noted as abated by the installation of windows in several offices and the installation of concave mirrors in stairwells during the 2017 review. There was also an installation of night lights in Alpha and Bravo units to enhance night-time bed-checks.

LDP maintains staff ratios as determined by both the PA DHS, Bureau of Human Services Licensing and standard provision 115.313 (c). In fact, LDP exceeds the latter. The facility maintains a 1:8 staffing ratio during waking hours in all LDP units. During the sleeping hours, the ratio meets both standards at 1:16. Capacity for the residential units is one hundred-four (104) and the treatment unit is twenty-four (24). Annual Facility Staffing Assessment reports also describe the number and placement of supervisory staff and are reflected in the LDP Budgeted FTE Report. Staff retention has been an issue for LDP and concerns in this area were reflected in interviews with facility leadership and supervisory staff. The specialty interview with the Facility Director and Assistant Director/PCM verified a high level of commitment and concern for this issue, but an equal commitment to maintain appropriate levels of supervision by maintaining staffing ratios at all times. Shift roster reviews verified that staffing ratios have not been compromised. Reassignment of qualified trained staff and overtime assignments have maintained staffing levels.

**Note: LDP has had no Federal or judicial findings of inadequacy against the facility during the current compliance audit period.**

### Standard 115.315: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?

Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status 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?  Yes  No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

In all, the Auditor interviewed twenty-two (22) residents and twenty-six (26) staff members, contractors and volunteers.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The Commonwealth of Pennsylvania prohibits cross-gender searches even by licensed medical professionals. No physical contact with a resident is permitted during a search. Searches are conducted in accordance with LDP procedure OP-12, "Client Screening and Search Procedures", revised 1/19/2017.

Upon admission to LDP, the resident is then taken to a private area by two staff of the same gender as the resident. The resident is asked to remove their outer garments, but not to remove their undergarments. The staff member then confirms that there is no contraband visually and identifies any tattoos, scars, bruises or other marks. All marks are documented on the Body Observation Form. Abraxas search policy prohibit any touching of a resident's body during a search. When a youth is being admitted to the Secure Program, they are asked to open their mouth in order that this area can be checked for contraband.

Contraband checks are less obtrusive and only require a resident to remove bulky outer clothing. Residents don't remove any other clothing.

During the initial compliance audit in 2016, there was some confusion amongst staff members and the PREA standard. LDP had determined that its staff would not be trained in cross gender and transgender resident searches because the Commonwealth of Pennsylvania does not allow cross-gender searches. This PREA standard requires the training of all direct care staff to be trained in cross-gender and transgender searches. In order to resolve this conflict, the PREA Auditor and the PREA Compliance Manager conferenced this issue with the PREA Resource Center and it was determined that LDP would provide the training on cross-gender and transgender searches to fulfill the requirements of the standard. LDP amended its training to include these searches in the event of an exigent circumstance despite the prohibition by Pennsylvania regulations.

This Auditor reviewed the current training curriculum and interviewed supervisory and random staff who confirmed that LDP remains compliant with this standard.

LDP meets the standard.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (If "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

LDP embraces youth with disabilities and makes decisions to serve the child on an individual basis that considers whether the particular program can meet the child's needs. This policy is supported by Abraxas South Mountain Policy CL-12 "Residents Rights". There are currently residents in both the Secure Treatment and Shelter programs who have recognized or diagnosed cognitive limitations and mental health disorders. The entire staff has developed individual treatment plans to meet the physical, emotional, mental health and educational needs of these children.

Residents in the short-term programs are served based on an individual assessment as to whether they can be effectively maintained around their disability with assistance from allied agencies. Interviewed staff have reported working with hearing impaired residents and residents with ambulatory difficulties. The Open Treatment Program Manager reported that decisions to accept residents into the long-term treatment program are made on an individual basis with input from the treatment team.

With regards to working with Limited English Proficiency (LEP) residents and families, LDP policy states: "Abraxas Programs will attempt to provide reasonable accommodations for any resident or resident's family with limited English proficiency. This policy will be in accordance with the Civil Rights Act of 1964, which prohibits discrimination based on race, color religion, sex or national origin." The Guidelines specify:

1. Upon referral to the program, employees responsible for reviewing admission criteria will determine from the placing agency, the resident's and his/her family's ability to read, write, understand, and speak the English language.
2. Abraxas Programs will make reasonable accommodations in providing oral language interpretation, provide translation of written materials, and provide notice to persons with LEP of their right to language assistance and the availability of such assistance free of charge.
3. Each Abraxas Program has bilingual staff available. However, in the event an interpreter is not available on staff, the program will utilize interpreter services for assistance in providing services.
4. Translation and interpretation services are available twenty-four hours a day, seven days a week through a contract with *Language Line Solutions*.

The Auditor was able to view the Language Line Solutions posted in all staff areas and to verify the use of this service through random staff interviews.

LDP procedures prohibit the use of resident interpreters, readers, or assistants except in emergent situations. Two bilingual staff are available at LDP. In the event of their unavailability, interviewed staff indicated that they would use *Language Line Services* and would not use another resident to interpret.

PREA postings and the Resident Safety Guide are available in both Spanish and English.

LDP meets all elements of the standard.

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has 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?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.317 (b)

- Does the agency consider 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?  Yes  No

### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior



institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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GEO/LDP performs background and child abuse registry checks on all prospective employees and contractors and does not make an offer of employment until those checks have cleared satisfactorily. Criminal record checks are made via the Pennsylvania State Police and FBI. The same record checks and child abuse registry checks are required for prospective volunteers. GEO/LDP also uses Career Builder Screenings, Inc. to conduct employee background checks; personal references are checked and GEO has established PREA-specific application addendums (PREA 102, HR 104) to address standard specific requirements including civil or administrative judgements for sexual abuse; failure to disclose prior sexual abuse; whether they have engaged or attempted to engage in sexual activity in the community by force, overt or implied threats of force, coercion or the victim did not consent or was unable to consent or refuse; and an affirmative requirement to report future sexual abuse immediately. Five year criminal record check follow-ups were performed and many follow-ups were performed less than five years from the original clearance. The Auditor examined six (6) staff employee records and found all record and child abuse registry checks completed as required. Affirmative reporting disclosures were also properly signed and located in each file.

Background checks on two of three contractors were also provided electronically for the Auditor’s review.

The facility meets the standard requirements.

### Standard 115.318: Upgrades to facilities and technologies

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  - Yes    No    NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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LDP had not undergone an expansion or improvement in technology since 2015, prior to the initial PREA compliance audit. When additional cameras were added in 2015, LDP documented that PREA safety considerations played a role in this technology enhancement.

In 2016, following the 2015 facility annual review, LDP added concave mirrors to stairwells and elevators and placed windows in office doors where it was determined residents could have access.

There have been no other improvements to the physical plane since 2016.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

GEO/LDP have a strong agency based child abuse reporting policy consistent with Pennsylvania regulations for all of its Pennsylvania Programs. All LDP employees are considered mandatory reporters and Abraxas Policy Manual "Child Abuse Reporting – PA Programs" 101-13, effective 8/19/15 requires the first responding staff member with personal knowledge of sexual abuse to make the initial call to PA Child Line or to the DHS electronic database system. The procedure also carefully covers all

necessary definitions and protocols for a staff member to determine sexual abuse and properly addresses confidentiality and “need to know” requirements in reporting sexual abuse.

Allegations of prior sexual abuse involving out-of-state residents must be reported immediately to the appropriate Child Abuse Hotline in the state in which the alleged abuse occurred.

If the abuse is criminal in nature, LDP staff shall immediately notify the Chambersburg Barracks of the Pennsylvania State Police.

The LDP policy also involves internal reporting including the Program Director, Program Assistant Director/Investigator/Facility PREA Compliance Manager and agency PREA Coordinator.

Specialized and random staff interviews verified a strong working knowledge of first responder and reporting duties on the part of all interviewed staff. Staff have been issued and carry first responder cards.

GEO/LDP policy establishes that the evidence protocol to be utilized in sexual assault cases involving residents to be developmentally appropriate and to mirror the U.S. Department of Justice Office of Violence Against Women’s “A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents.” A victim of sexual abuse at LDP will be transported to Chambersburg Hospital (Summit Health System) where the hospital shall coordinate with Women in Need (WIN) to provide a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner (SAFE/SANE) forensic examination, if warranted. LDP shall also contact WIN to provide a victim advocate accompany the victim to the hospital and support the victim. In the absence of a WIN advocate, LDP shall provide a trained staff advocate to accompany the victim to the hospital.

LDP has a Memorandum of Understanding (MOU) with WIN which was executed on 3/3/2015 and remains in effect. This MOU was confirmed by the Auditor with a senior staff member at WIN and with the Chambersburg Hospital Emergency Room Nursing Manager.

The MOU with WIN states:

“WIN is open to receiving referrals through a 24 hour hotline to provide a Sexual Assault Nurse Examiner (SANE) and victim advocacy services during an investigation. WIN can also provide information and referrals for further services to assist a sexual assault victim and his/her family. The need for SANE or Sexual Assault Forensic Examiner (SAFE) for an investigation will be referred to the PSP and Summit Health, the operator of the Chambersburg and Waynesboro Hospitals.”

The Auditor interviewed the PSP Trooper who acts as liaison with LDP via telephone and has a working knowledge of PREA. The Trooper stated that she is advised of all investigations and has found LDP to be a safe and professionally operated facility.

The majority of interviewed residents were aware of the services available in the community from WIN.

LDP meets the requirements of the standard.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the*

*auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

GEO/LDP has developed comprehensive standards, policies and procedures to ensure that all allegations of sexual abuse or sexual harassment are properly channeled to internal administrative and/or law enforcement investigations when criminal activity is involved.

Both LDP internal procedures and the GEO PREA website (<https://www.geogroup.com/PREA>) require that all allegations of sexual abuse or sexual harassment result in an administrative investigation that will result in a finding of substantiated, unsubstantiated or unfounded when the investigation is concluded and closed.

At LDP, allegations of criminal behavior are immediately reported by staff to the Pennsylvania State Police (PSP), Barracks H in Chambersburg, PA. There is an open MOU between the PSP and LDP which was executed by the PREA Compliance Manager and the Barracks Commander on 6/9/2015. LDP internal investigative staff and the PSP work cooperatively.

The Auditor interviewed the LDP investigator regarding investigative policies and procedures. The Auditor also reviewed the five (5) LDP investigative files that were reported in 2018 and 2019 with the Assistant Director/PREA Compliance Manager. Four allegations (4) were resident-on-resident and one was staff on resident. All five (5) were for sexual abuse. Three (3) sexual abuse allegations were unsubstantiated and two sexual abuse allegations were unfounded. All reviewed allegations were reported to the PSP, PA DHS and the Office of Professional Responsibility at the GEO corporate office as required by procedure.

Reviewed investigative reports were thorough and timely. The facility meets the standard requirements.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No



- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
 Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

LDP provides an employee orientation and training class prior to new staff assuming their job duties. GEO has produced a 154 slide PowerPoint presentation for its youth facility staff (2/12/219), which addresses all requirements of the PREA standards for juvenile facilities. This presentation is specifically geared to the needs of male and female youth and is supplementary to the original 183 slide program. This presentation satisfies all eleven (11) elements of standard provisions 115.331(a) and addresses the concerns of 115.331(b). Newly hired staff have the opportunity to be trained on this PowerPoint and ask questions. They are then required to sign a dated acknowledgement of receiving and understanding this training. The Auditor reviewed training files of six employees and found records indicating all staff members had completed both the initial training and refresher training in the required time frames.

There are also shift meetings where staff receive explanations and reinforcement of PREA directives, memos, etc.

LDP staff have been issued and carry pocket cards which detail the steps to be taken when a sexual abuse or sexual harassment allegation is made. These cards are attached to the staff member's ID badge.

GEO/LDP has provided training materials and training sessions which surpass the requirements of the standard. There is a full-time trainer on-site who works continuously with the direct care staff to provide Reinforcement and updates.

LDP exceeds the standard requirements.

### Standard 115.332: Volunteer and contractor training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

GEO/LDP requires that all contractors and volunteers receive PREA training prior to starting their work at LDP, specifically training is required in Zero-Tolerance, reporting of sexual abuse/sexual harassment and non-first responder response to sexual abuse allegations. The Auditor was provided with the

contractor/volunteer training materials for review. LDP utilizes a 15 page training packet which exceeds the above requirements and is more in line with staff training.

The Auditor interviewed two contracted health staff members. Both could recite the PREA requirements from their training. The Auditor also viewed their signed training acknowledgements.

LDP exceeds the standard training requirements for contractors and volunteers.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

LDP South Mountain Programs Procedure Manual 2.300 "Admission Record/Assessment Requirements provides intake and orientation procedures for processing staff members to educate new residents on PREA requirements.

During the intake process, this policy states:

“The primary counselor will review the Youth Safety Guide with each new client during the first individual session which will take place within the first week of the admission to the program. The Youth Safety Guide will educate the client of the facility zero tolerance for sexual abuse policy and ways to report suspected abuse. Following review of the Youth Safety Guide, the counselor and client will sign an acknowledgement form which will be placed in the client’s file. The review of the Youth Safety Guide will be completed no later than ten days after admission to the program.”

The GEO Youth Safety Guide is a professionally created, illustrated tool to help LDP residents follow good safety practices and to properly educate them on their protective rights and responsibilities as outlined by the PREA standards. The Guide clearly explains GEO’s policy of zero tolerance for sexual abuse and sexual harassment, the resident’s right to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. Residents are provided multiple ways to report and avoid sexual abuse in the Guide.

The Youth Safety Guide is available in Spanish and English and random staff interviews reported that staff have and are prepared to read the Guide to residents who are sight impaired or cannot read. They have also explained the Guide to resident with developmental limitations. Residents confirm in writing that they have had PREA education, have read and understand the Youth Safety Guide and the Resident Handbook. The Auditor confirmed the resident sign-offs by checking 6 resident files and confirmed the orientation and training through random resident interviews.

LDP also provides posters, brochures about PREA and there is PREA information in the Resident Handbook.

Given the depth of information provided to residents and the creativity of the Resident Safety Guide, LDP exceeds the standard requirements.

## Standard 115.334: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

The Auditor interviewed the principle investigator at LDP who is also the Assistant Facility Director. The Investigator verified that they had completed GEO's five-hour web-based special training for PREA investigations on 6/10/2015. This training is comprehensive and was developed in conjunction with the PREA Resource Center and the Moss Group. The Auditor reviewed the curriculum and found it to offer detailed instruction on conducting sexual abuse and sexual harassment investigations in confinement settings. The curriculum also provides instruction and advice on how investigators should collaborate with law enforcement, forensic sexual abuse examiners and victim advocates. The Investigator signed off on the training and indicated their understanding of the training. In addition, the Investigator has now conducted a number of completed and detailed investigation that have been subject to agency review at the corporate level. In addition to the Assistant Facility Director/Investigator, the Facility

Director, the Secure Program Manager, the Clinical Director and the Education Supervisor have taken and successfully completed this training curriculum.

Because of the professional quality of the training curriculum, LDP exceeds the standard requirements.

**Recommendation: While the Auditor finds that the investigative training curriculum utilized by GEO/Abraxas is superior to standard requirements, the Auditor feels that additional dynamic investigative training in a group setting where scenarios could be developed and played out would be invaluable in the further development of the investigator's skills.**

### Standard 115.335: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)



- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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LDP full and part-time medical and mental health professionals receive the specialized training specified in standard provision 115.335 (a). This training is provided as a 90-slide detailed PowerPoint developed by the GEO Group base on materials from the PREA Resource Center and the National Commission on Correctional Health Care. LDP has documented that all healthcare and mental health providers have received the specialized training.

They have also documented that full-time GEO staff have received the basic and refresher training each year and the contract healthcare employees have received the contractor and volunteer PREA training. This documentation was made available to and reviewed by the Auditor.

The Auditor interviewed one mental health professional and two medical professionals to confirm this training. The Auditor also interviewed two medical contractors to verify this training.

The professional quality and content of this specialized training exceeds the standard requirements.

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION</b>	<b>AND ABUSIVENESS</b>
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**Standard 115.341: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.341 (a)**

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

LDP uses the Screening for Risk of Victimization and Sexually Aggressive Behavior form during the screening process within 72 hours of admission.

LDP Policy regarding Admission Record and Assessment Requirement states:

#### **“Screening for the Risk of Victimization and Sexually Aggressive Behavior**

Within 72 hours of admission, all clients will be assessed using the Screening for Risk of Victimization and Sexually Aggressive Behavior form. Clients will be reassessed using the same form if relevant new information becomes available, an episode of victimization or sexually aggressive behavior occurs,

or every six months. Information obtained during the assessment and from the client's referral information will be used to make appropriate housing decisions with the intent to reduce the risk of sexual abuse.

The staff member conducting the intake process will complete the screening using the Screening for the Risk of Victimization and Sexually Aggressive Behavior form and will immediately report any heightened risk to the supervisor on duty before making housing decisions. If the client has experience prior sexual victimization or has perpetrated sexual abuse, (s) he will be offered a follow-up meeting with a medical or mental health practitioner within 14 days. If the resident declines the follow-up meeting, this should be documented on the Declined Follow-up Meeting Form. Residents who are deemed Vulnerable to Victimization will receive a follow up assessment within 30 days using the Vulnerable to Victimization Reassessment Questionnaire.

The program will use the information gathered to make room and program assignments for the client with the goal of keeping him safe and free from sexual abuse. The program is prohibited from isolating clients from others. Placement and program assignments for each transgender or intersex client shall be reassessed each six months to review any threats to safety experienced by the client."

Interviewed Intake and Clinical staff and the PREA Compliance Manager confirmed that the initial assessment is completed by the Intake staff member. The reassessments are completed by the Clinical Director or designated clinician. Residents in Detention and the Shelter are reassessed every 30 days. Residents in the Secure Treatment Program are reassessed every 90 days. Additional information received at any time or a sexual abuse incident would trigger an immediate reassessment.

The Auditor reviewed both initial assessments and indicated reassessments for several residents and found that they had been performed more often than 30 or 90 days as indicated by the procedure. The Auditor suggests, that as suggested during the initial PREA compliance audit, the facility update its policy to reflect its true practice, as LDP exceeds the standard requirements.

LDP has strict controls on the dissemination of the Screening for Risk of Victimization and Sexually Aggressive Behaviors form. These controls operate on a strict "need to know" basis.

LDP exceeds the standard requirements.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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GEO policy 5.1.2 B, "Sexually Abusive Behavior Prevention and Intervention (PREA) requires LDP to use all screening information gathered pursuant to 115.341 regarding sexual abuse vulnerability or perpetration to make the assignments outlined in 115.342 (a). The Auditor was able to view classification records in comparison to the Secure Room Matrix to verify that residents identified as of risk of victimization or perpetration were placed in rooms to keep them and all residents safe.

LDP has no isolation rooms and GEO/Abraxas prohibits the use of isolation.

The Auditor had the opportunity during the site review to view all bedrooms throughout the facility as well as to view shower facilities and to inquire about showering procedures. All shower stalls are individual and are equipped with shower curtains which provide residents privacy but would allow staff to see if more than one person was in a shower stall. Supervising staff remain in the bathrooms and outside the shower stalls. Residents can shower, use the toilet and change in private, but supervision remains in place.

Specialized interviews with facility leadership and the PREA Compliance Manager confirm that housing assignments, education and program assignments are made on an individual basis based on the resident's treatment plan and according to the resident's potential for victimization or abusiveness.

LDP does not have special housing assignments for lesbian, gay, bi-sexual transgender or intersex (LGBTI) residents. The PREA Compliance Manager noted that a transgender or intersex resident's own views and concerns for their personal safety would be given strong consideration along with the safety needs of the entire facility. Placement and programming assignments would be evaluated on a ninety-day basis as they are for all residents.

The facility meets the standard.

## REPORTING

### Standard 115.351: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

##### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

##### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

##### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No



- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

LDP residents may report sexual abuse and/or sexual harassment, retaliation by other residents or staff and staff neglect or violation of duties that may have contributed to such incidents in many different ways. These reports can be oral, written, or through a third party. As the Youth Safety Guide indicates, residents may report an allegation of sexual abuse or sexual harassment to any staff member, any health care provider, a volunteer, a chaplain/minister, their parent/guardian, probation officer, child welfare worker or attorney. The Youth Safety Guide and posters around the facility also provide the number for the Pennsylvania ChildLine (1-800-932-0313), which is autonomous from the agency and facility. Residents may also write an emergency grievance regarding sexual abuse and/or sexual harassment.

Interviewed residents all knew how they could report sexual abuse and/or sexual harassment. They all reported feeling safe and the majority of those interviewed are in contact with their families. Many residents identified staff members who they trusted to make such a report to. Some residents were aware that they could make a report of sexual abuse and/or sexual harassment anonymously. Those who did not were directed to the posters by the Auditor.

Interviewed random staff were aware of how residents could report sexual abuse verbally, in writing, through a third party or anonymously.

LDP does not detain residents solely for civil immigration purposes.

The Auditor had many opportunities to view GEO PREA Posters throughout LDP; during the site review and when traveling to units to perform interviews. The posters were also posted in staff areas.

Interviewed employees reported that they are trained that they can report sexual abuse, sexual harassment, retaliation toward resident or staff and neglect or violations of duties either up the chain of command, to the corporate office or Employee Hotline or on the internet at [www.reportlineweb.com](http://www.reportlineweb.com). They can also call the corporate PREA director at (561)999-5827 or they can call the PA ChildLine.

LDP meets the standard.

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The GEO Corporate Procedure Manual 5.1.2-B directs facilities to have a facility specific grievance procedure for reporting sexual abuse that addresses all elements of the standard. Abraxas South Mountain Program's CI-20 Resident Grievance Procedure allows for residents to file a grievance regarding sexual abuse or sexual harassment without any time limits. Grievances alleging this issue are exempt from the informal grievance procedure and may progress. The grievance can be addressed to a staff member who is not the subject of the complaint and that grievance cannot be directed back to that staff member. The facility has up to 90 days to respond to the grievance with a 70 day extension for cause. If the resident does not receive an answer in this time frame, they may take it

to the next level. Third parties including families, other residents, attorneys, outside advocates, etc. may assist a resident in filing a grievance alleging sexual abuse or sexual harassment or the third party may file the grievance on the resident's behalf. If a resident does not agree to have a grievance filed on their behalf go forward, LDP shall still pursue the issue behind the grievance.

LDP also has developed a procedure where a resident can file an emergency grievance if they feel that they are at imminent risk of being sexually assaulted. That grievance can be handed to any staff member and shall be handled immediately to address the safety issues involved.

The Youth Safety Guide and Resident Handbook provide clear instructions for residents to file grievances about sexual abuse/sexual harassment. There is a specific staff member at LDP designated to address resident grievances. Random resident interviews confirmed that LDP residents are aware of the grievance procedure and that they can file a grievance regarding sexual abuse/ sexual harassment. Interviewed random staff were familiar with the grievance procedure and would pass an emergency grievance through to their supervisor or PREA Compliance Manager immediately.

The Auditor was shown one grievance which initiated an investigation of sexual harassment in 2018. The matter was investigated upon receipt and was determined to be unsubstantiated.

LDP meets the requirements of the standard.

### **Standard 115.353: Resident access to outside confidential support services and legal representation**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

##### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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LDP provides residents access to outside confidential support services and legal representation under its policy CL-12 "Residents Rights"

#### "Resident Rights Under PREA:

1. Residents will be provided access to outside victim advocates for emotional support services related to sexual abuse. Abraxas will provide this information by posting or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available of local state or national advocacy or rape crisis organizations. Reasonable communications between clients and these organizations will be provided, in as confidential a manner as possible.
2. Abraxas will inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

3. Abraxas will provide clients with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”

LDP executed a MOU with WIN on March 3, 2015 to provide outside support services for residents who are victims of sexual abuse and sexual assault. This MOU states, “WIN is open to receiving referrals through a 24 hour hotline to provide a Sexual Assault Nurse Examiner (SANE) and victim advocacy services during an investigation. WIN can also provide information and referrals for further services to assist a sexual assault victim and his/her family. The need for a SANE or a Sexual Assault Forensic Examiner (SAFE) for an investigation will be referred to the Pennsylvania State Police and Summit Health, the operator of the Chambersburg and Waynesboro Hospitals.”

The Auditor interviewed the on-duty supervisor at WIN who reported that the MOU is in good standing and WIN and LDP share a strong working relationship. WIN plans to continue to send a volunteer to LDP weekly to conduct safety education and outreach to individuals needing advocacy. Interviewed residents reported seeing the WIN posters throughout their units and are aware of victim advocacy services available in the community.

LDP meets the standard requirements.

### Standard 115.354: Third-party reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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LDP staff reported during random interviews that they are trained and required to accept third party reports of sexual abuse/sexual harassment. Interviewed random residents reported that they can make third party reports of sexual abuse/sexual assault through their parent(s), family members, caseworkers or probation officers.

The GEO PREA Coordinator's Office has developed third-party fact sheets in English and Spanish that are distributed to facilities and supportive agencies. PREA posters posted throughout LDP in English and Spanish provide third-party PREA reporting instructions.

The GEO Oversight policy requires the posting of public third-party PREA reporting instructions which are specific to the different ways that the public may report sexual abuse/sexual harassment.

The Auditor viewed the GEO PREA page and it meets the requirements of standard 115.354.

LDP meets the standard requirements.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

##### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

##### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to



anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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GEO/LDP has developed comprehensive reporting procedures which meet standard 115.361 plus Pennsylvania Commonwealth Laws on the reporting of Child Abuse. LDP Procedure 101-13, revised 12/31/14 establishes all LDP employees, contractors and volunteers to be mandatory reporters of Child abuse via the Pennsylvania ChildLine.

GEO/LDP South Mountain Programs Procedure 2.800 Prison Rape Elimination Act (PREA) Response Plan requires employees, contractors, and volunteers with knowledge, suspicion or information of sexual abuse, sexual harassment, exploitation of any resident, retaliation for any report of sexual abuse/sexual harassment, or staff neglect or violation of responsibilities with regards to an incident of sexual abuse/sexual harassment to report this information via Pennsylvania ChildLine. This information must also be reported to their supervisor, to the Program Director, the Assistant Program Director/Investigator, the PREA Compliance Manager, the child's parent/guardian and the Juvenile Court representative and/or the child's social worker.

The supervisor on duty will ensure that the alleged victim and abuser are separated and that all First Responder tasks are performed. The supervisor will also assign staff of the same sex to remain with the alleged victim and abuser.

The PREA Compliance Manager will inform the Corporate PREA Coordinator within two (2) hours of the incident. The PREA Compliance Manager or their designee will meet weekly with the alleged victim and reporter (if different than the 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. Monitoring will continue for 90 days or until the allegation is determined to be unfounded. Monitoring can also be extended if deemed necessary.

The Facility Director will ensure a Home and Community Services Information System (HCSIS) report on the state website is submitted to DHS by the designated facility personnel within 24 hours of the incident. The Facility Director will also direct that the victim be taken to the health care provider or hospital and that mental health services are offered to the victim. The Facility Director or their designee will notify the victim's parents and appropriate court officers of the allegation.

The resident's counselor, the Clinical Director, the PREA Compliance Manager, and others as needed, will prepare a safety plan describing safety measures to be implemented for the victim. If the allegation involves a staff member, contractor or volunteer; the plan will describe the status of the alleged abuser with respect to their involvement at the facility.

Interviews with the Health Administrator and Clinician confirmed that they always inform all residents that they are mandatory reporters of sexual abuse and the limits of confidentiality.

Random staff interviews verified that random and specialty staff, contractors and volunteers are aware of their role as mandatory reporters, that they are aware of their role as first responders, if applicable

and the limitations of confidentiality. Most interviewees also referenced the yellow reference cards they carry on their person, providing sexual abuse reporting and response reference information.

LDP meets the standard requirements.

### Standard 115.362: Agency protection duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Interviews with facility leadership and all interviewed random staff reported that any resident who reported fear of or was found to be at substantial risk of imminent sexual abuse would be removed from that situation and close direct supervision by an assigned staff member would be maintained until the resident's safety could be assured. A safety plan would be developed to document supervision, contacts and safety procedures for the resident. The Auditor had the opportunity to review several safety plans at LDP. If the potential abuser was identified, they would be removed from contact with the resident.

LDP meets the standard requirements.

### Standard 115.363: Reporting to other confinement facilities

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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LDP maintains an electronic log of any allegations made by incoming residents of sexual abuse that occurred at another facility. During the period since the first compliance audit, there have been no incidents of sexual abuse at another facility reported to the staff at LDP.

The Facility Director confirmed they would personally make the notification of any reported sexual abuse at another facility to the administrator of that facility, as well as insure that the allegation was reported to Pennsylvania ChildLine. LDP has a notification form for doing so.

LDP meets the standard requirements.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

GEO/Abraxas has a very detailed procedure for responding to a resident report of sexual abuse. South Mountain Program Procedure OP-20, "Facility PREA Response Plan Following Resident Report" provides specific steps that staff must follow as first responders. These steps are different, but clearly defined for security vs. non-security first responding staff and mimic the requirements of standard 115.364. These steps include the immediate separation of the alleged victim and abuser(s); the preservation of evidence at both the alleged scene and on the persons of both alleged victim and abuser by not allowing them to shower, change clothes use the toilet, drink eat, or brush their teeth or wash; and immediate supervisor notification. The Auditor interviewed thirteen (13) random staff members and all first responder questions were answered identically in content. Most staff members also indicated the yellow reference cards they carry and some referred to the card.

The Auditor's review of investigative files and the training curriculum also support that LDP employee practices in this area are in compliance with GEO/Abraxas policies for first responders.

LDP meets the standard requirements.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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LDP has a coordinated response plan for reports of sexual abuse. South Mountain Programs Procedure, OP-20, "Facility PREA Response Plan Following Resident Report", Pgs. 3-6 clearly defines the response duties of medical staff, mental health staff, investigative staff and the administration.

Specialty interviews with a representative of each of these offices confirmed staff members in each area are keenly aware of their responsibilities following an allegation of sexual abuse. Their performance was confirmed by review of LDP investigative files and interviews with the Facility Director, Facility Investigator and the PREA Compliance Manager.

LDP meets the standard requirements.

### Standard 115.366: Preservation of ability to protect residents from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

##### 115.366 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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GEO/Abraxas does not have any collective bargaining agreements with the employees of LDP.

### Standard 115.367: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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LDP monitors for retaliation after sexual abuse allegations. South Mountain Programs Procedure OP-20, "Facility PREA Response Plan Following Resident Report" states,

1. The agency will protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff.
2. The PREA Compliance Manager or a mental health staff member will meet weekly with the alleged victim and reporter (if different than victim) in private to verify that sensitive information is not being exploited by staff members or others.

- a. The staff member will address any resident concerns and verify that the resident has not experienced any type of retaliation from other residents or staff regarding the alleged abuse incident.
  - b. Any issues discussed will be noted in the appropriate area on the *Protection from Retaliation Log* (attached), to include corrective actions taken to address the issue.
  - c. The alleged victim and the staff member who conducted the meeting will sign in the appropriate space after each meeting.
3. Monitoring will be provided for 90 days or longer if necessary. Monitoring will terminate if the allegation is determined unfounded.
  4. Completed logs will be retained in the investigative file of the corresponding PREA incident.

Compliance with this procedure was verified by interview with the PCM and by the Auditor's review of *Protection from Retaliation Logs* from 2016 and 2018.

If a staff member reported concern regarding retaliation, the Facility Director and/or the PCM would initiate an investigation and would meet with the staff member on a weekly basis to ensure that there has been no retaliation. The Facility Director would also notify the Officer of Professional Responsibility at the GEO Corporate Office. Temporary reassignment or transfer could also be utilized if necessary.

LDP meets the standard requirements.

### Standard 115.368: Post-allegation protective custody

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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GEO/LDP has no isolation rooms and prohibits the use of isolation.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated 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?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

## 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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LDP has designated the Assistant Facility Director as the PREA Investigator. They have received the GEO specialized training for PREA investigators. Sexual abuse allegations are also investigated by the Pennsylvania DHS-Office of Children, Youth, and Families and the PSP conducts all criminal investigations.

The Auditor was given and reviewed GEO Policy 5.1.2-E, "Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection." This policy is very specific and comprehensive. It is a step-by-step guide for investigators to carefully develop case materials with corroborating evidence.

The Auditor reviewed the investigative files of eight (8) allegations from 2016, 2017 and 2018.

Since the last audit period, there were ten (10) allegations of sexual abuse/ sexual harassment at LDP. There were two allegations of resident on resident sexual abuse in 2016. Both allegations were unsubstantiated. There were two (2) allegations of resident on resident sexual abuse in 2017. One was unsubstantiated and one was unfounded. There was also one (1) unfounded allegation of staff on resident sexual abuse in 2017. In 2018, there were two allegations of resident on resident sexual abuse. One was substantiated and the other investigation remained open at the time of the audit. There was also an unfounded allegation of staff on resident sexual abuse and an unsubstantiated allegation of staff on resident sexual harassment. That staff member was placed on administrative leave and subsequently resigned. There was one allegation of staff on resident sexual abuse made by a third party in 2019 after the alleged staff member abuser had left employment at LDP. That investigation remains open. All allegations of staff abuse/sexual harassment were properly reported to Pennsylvania ChildLine as required by procedure

The investigative reports were thorough and timely and followed established policy.

Investigations are not terminated should a resident recant the allegation or leave the facility. The Investigator reported that the credibility of the alleged victim, witness (es), and alleged abuser will be assessed on an individual basis. Residents are not asked by the LDP Investigator to submit to a polygraph examination.

If the Investigation finds that sexual abuse was substantiated, the matter will and has been referred by the PSP to the Franklin County Prosecutor for consideration for prosecution.

Administrative investigations involving sexual harassment are conducted by the LDP Investigator and are reviewed by the Corporate OPR staff and the Corporate PREA Coordinator. Administrative investigations shall also be initiated when there is reason to believe that staff actions or failures to act contributed to an allegation of sexual abuse/sexual harassment. All administrative investigations are documented as written reports and maintained as per GEO and relevant state policy dictates.

LDP meets the standard requirements.

### Standard 115.372: Evidentiary standard for administrative investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Per GEO/Abraxas policy, LDP shall not impose any standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of LDP investigative reports verified this standard.

### Standard 115.373: Reporting to residents

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

##### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

##### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

##### 115.373 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes    No
- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes    No

### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes    No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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LDP follows GEO Policy 5.1.2-E “Investigating Allegations of Sexual Abuse and Data Collection” which provides for how the person who made the allegation is to be informed of the outcome of the investigation. The Policy meets all requirements of the standard 115.373.

Of the seven residents who were alleged victims of sexual abuse during the audit period, six were released from custody prior to the outcome of the investigation and there was no notification. Investigative outcomes from outside agencies can take several weeks or longer to conclude. Residents of the short-term programs are often released before the conclusion of the outside investigations from PSP, DHS and GEO-OPR.

LDP uses a form to inform the victim of the outcome of an investigation into sexual abuse/sexual harassment. The form describes all actions that can be taken against an abuser, as well as the status of the case. These include, as required by the standard, whether the abuser was charged, whether



they were convicted, whether the abuser was transferred to another facility; or whether the abuser was terminated from employment in the case of an employee.

LDP meets the standard requirements.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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LDP follows GEO Policy 5.1.2-E "Investigating Allegations of Sexually Abusive Behavior and Evidence Collection" which states:

1. Employee Disciplinary Sanctions (115.76/115.276)
  - 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 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 those 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 resignation 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 Supervisor prepared a Statement of Fact that no personnel actions have been taken at LDP due to Sexual Abuse or Sexual Harassment during the current PREA compliance audit period. This statement was dated 3/4/19.

LDP meets the standard requirements.

### Standard 115.377: Corrective action for contractors and volunteers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

## 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Abraxas South Mountain Programs Policy CL-24 "Sexually Abusive Behavior Prevention and Intervention (PREA) states:

"Abraxas South Mountain Programs mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers or Contractors and Residents regardless of consensual status is prohibited and subject to administrative as well as criminal and disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors and Volunteers are expected to have a clear understanding that Abraxas strictly prohibits any type of sexual relationship with Residents.

This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements. These inappropriate relationships with Residents shall not be tolerated.

Engaging in a romantic and/or sexual relationship with Residents 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 Residents. Retaliation against Residents or Employees for filing a complaint will not be tolerated.

In accordance with this policy, 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 at Abraxas or while a Resident is off grounds. All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegation of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution."

The Facility Assistant Director/Investigator reported there have been no allegations of sexual abuse or sexual harassment involving any contractors or volunteers during the current PREA compliance audit period.

LDP meets the standard requirements.

### **Standard 115.378: Interventions and disciplinary sanctions for residents**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

##### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

##### **115.378 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

##### **115.378 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No

- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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LDP has a progressive disciplinary system which allows the facility to apply discipline as a corrective rather than punitive measure. Sanctions are carefully explained in both the LDP Policy and Procedure Manual, #2.450 "Behavior Standards and Level System (Revised 10/30/14) and in the Resident Handbook. This enables program and therapeutic staff members to work together toward behavioral self-control and change.

Both the procedure and the Resident Handbook outline Resident Behavior Standards, staff intervention and a Mentorship/Level System with five behavioral levels and corrective action/consequences specified.

LDP does not have isolation rooms and has prohibited the use of isolation.

LDP meets the standard requirements.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

LDP provides screening for risk of sex abuse victimization and sexually aggressive behaviors by following Abraxas South Mountain Programs Policy CL-6 Admission Record and Assessment Requirements which states:

#### "Screening for the Risk of Victimization and Sexually Aggressive Behavior

Within 72 hours of admission all clients will be assessed using the Screening for the Risk of Victimization and Sexually Aggressive Behavior form. Clients will be re-assessed using the same form if relevant new information becomes available, an episode of victimization or sexually aggressive behavior occurs, or every six months. Information obtained during the assessment and from the client's referral information will be used to make appropriate housing decisions with the intent to reduce the risk of sexual abuse.

The staff member conducting the intake process will complete the screening using the Screening for the Risk of Victimization and Sexually Aggressive Behavior form and will immediately report any heightened risk to the supervisor on duty before making any housing decisions. If the client has experienced prior sexual victimization or has previously perpetrated sexual abuse, (s) he will be offered a follow-up meeting with a medical or mental health practitioner within 14 days. If the resident declines the follow-up meeting, this should be documented on the Declined Follow-up Meeting Form. Residents who are deemed Vulnerable to Victimization will receive a follow up assessment within 30 days using the Vulnerable to Victimization Reassessment Questionnaire.

The program will use the information gathered to make room and program assignments for the client with the goal of keeping them safe and free from sexual abuse. The program is prohibited from isolating clients from others. Placement and programming assignments for each transgender or intersex client shall be reassessed at least every six months to review any threats to safety experienced by the client."

Interviews with the Clinical Director, a clinician and residents confirmed that if a resident acknowledges a prior history of sexual abuse he/she will be seen by a clinician within 14 days. The Auditor reviewed several completed assessments and the notes from the 14-day follow-up meetings. The information was specific as to the resident's allegation that he/she has a history of prior sexual victimization or abusiveness. These additional assessments were used to further develop treatment plans, identify appropriate living units, and distinguish residents who would be at risk if placed with a more aggressive population.

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 specially designated staff. Resident mental health files are stored securely.

Informed consent regarding sexual abuse disclosure is not required because all staff members in Pennsylvania facilities serving youth are mandatory reporters and residents are advised of this in writing upon entrance to LDP.

LDP meets the standard requirements.

### Standard 115.382: Access to emergency medical and mental health services

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

- Are treatment services 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?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

The Auditor interviewed the Health Administrator and a Med-Tech, who are both GEO employees. The Auditor also interviewed a Nurse Practitioner, who is a contractor. All three health care professionals indicated that any resident who was allegedly sexually abused would have immediate access to emergency department treatment at Chambersburg Hospital without cost. The interviewed supervisor at WIN confirmed that they would be notified of the incident and of the resident's desire to have an advocate present with them to provide emotional support and victim advocacy.

The Health Administrator and Nurse Practitioner said that in the event of an incident of alleged sexual abuse was reported, they would instruct the supervisor on duty to transport the resident to Chambersburg Hospital, unless the resident was in need of emergency first aid. They would then provide the first aid and determine if an ambulance was required for transport. Both professionals indicated that their professional judgements are always accepted and followed.

The Nurse Practitioner reported that all female residents receive a pregnancy test within a week of their admission to LDP.

All medical and mental health services are provided at no cost to the victim. This was confirmed in the interview with the Facility Director. The Director also reported that no residents have been transported to the hospital for sexual abuse during the current PREA compliance audit period.

LDP meets the standard requirements.

### **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

- Are treatment services 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?  Yes  No

**115.383 (h)**

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

GEO/LDP Policy 5.1.2-B "Sexually Abusive Behavior Prevention and Intervention (PREA) for Youth Services Facilities provides for Health and mental health care for LDP residents who have been victims of sexual assault. These services will include, as appropriate, follow-up services, treatment planning, and where indicated, referrals for continued care following the resident's transfer to, or placement in, other facilities or their release from custody. The scope of these evaluations and treatment services will include services for continued care, as appropriate, following their transfer or release from custody.

The level of medical and mental health care offered at LDP is comparable to current community levels of service and is provided by licensed health professionals including a LPN, 2 Med Techs., 2 Nurse Practitioners, a Psychiatrist, a Psychologist, and a Dentist.

As previously stated, female residence who experienced sexually abuse vaginal penetration will be offered pregnancy tests. If pregnancy results from 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 a test for sexually transmitted infections as needed.

All these services will be provided without financial cost.

The facility conducts a mental health evaluation on all sex abusers within 14 days of admission. The resident would be offered treatment when deemed appropriate by the Clinical Director.

LDP meets the standard requirements.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
 Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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GEO/LDP Policy 5.1.2-B, “Sexually Abusive Behavior Prevention and Intervention (PREA) for Youth Service Facilities, section 115.386 requires that the PREA Incident Review Team meet within 30 days of the conclusion of a PREA investigation and prepare a report around the six (6) considerations specified in standard provision (d).

The PREA Incident Review Team is composed of the Facility Director, the Assistant Facility Director/Investigator/PREA Compliance Manager and the Program Manager. Other staff can be added as necessary, when additional expertise is warranted.

In the case of incidents involving sexual abuse, after the DHS and if necessary, the PSP investigations are completed, the LDP would complete its administrative investigation and forward all information to the Corporate PREA Coordinator and the Office of Professional Responsibility for review.

When an investigation is completed, the Incident Review Team meets within 30 days and considers the areas listed in 115.386 (d) 1-5. The Team then prepare an After-Action Review Report which is reviewed by the Corporate PREA Coordinator and Divisional Vice-President.

The Auditor had the opportunity to view all After Action Reviews for the PREA allegations made during the current PREA Compliance Audit period. The reviews were comprehensive and met the requirements of the standard provision. Recommendations made in the review are implemented at the direction of the Facility Director.

LDP meets the standard requirements.

## **Standard 115.387: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.387 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### **115.387 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### **115.387 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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GEO/LDP under the direction of the Corporate PREA Coordinator has developed a uniform data collection procedure. When all 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 and all the information necessary to answer all questions on the most recent DOJ Survey of Sexual Violence and more. The GEO Group collects and securely maintains data from all incident based documents including reports, investigations and Incident Review Team analyses.

LDP also has a PREA Incident Tracking Log, a spreadsheet that provides timelines and critical information regarding on-going and closed incident investigations. This document has formed the basis for the preparation of other PREA informational reports. This Tracking Log is a valuable tool for the PREA Auditor when reviewing investigations.

LDP has also completed and submitted the Bureau of Justice Assistance, Survey of Sexual Victimization for 2016 and 2017.

The GEO Group's commitment to the importance of collecting and disseminating comprehensive data in strategic planning for institutional sexual safety exceeds the requirements of the standard.

### Standard 115.388: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

##### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

##### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

##### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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GEO has made a concerted corporate commitment to providing valuable comparison and analysis to the PREA data collected from its correctional, community release, and juvenile facilities. Emphasis on reduction, prevention and improved response is evident. GEO highlights certified facilities, corrective actions taken, issues to be addressed, effective trainings and procedural development as it presents data from all GEO-operated facilities. The data illustrates a transparency in reporting.

The Auditor reviewed the GEO 2016 and 2017 reports. The se annual reports exceed the requirements of the standard.

**Standard 115.389: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes    No

**115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes    No

**115.389 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes    No

**115.389 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes    No



## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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LDP secures all PREA-related investigative data pursuant to 115.387 in a secure office and access to these files is limited to the upper administrative team. This procedure was verified by the Facility Director and the PREA Compliance Manager. This data is maintained for a minimum of 10 years as required by the standard.

As reported in 115.188, GEO makes a copy of its Annual PREA report available to the general public via its corporate website. All specific and possibly identifying information has been scrubbed from the report by using general categories.

GEO/LDP meets the standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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GEO/Leadership Development Program has demonstrated a commitment to provide an objective forum for the examination of its facility to both achieve and exceed PREA compliance. GEO has chosen to pursue independent PREA audits where it has provided auditor with the unchecked freedom of inspection, reflection, query and analysis. The Auditor faced no restrictions during the pre-audit and onsite-audit phases with regards to document examination, site-review questioning, interviews, and analytic challenges.

In all phases of the audit process, the Auditor has been informed by GEO staff from all levels of management and service that LDP welcomes the opportunity to have its operation scrutinized with regards to resident safety and in particular, sexual safety.

Leadership Development Program provided photographic evidence on 2/19/2019 of PREA notices having been posted throughout the facility in Spanish and English. The Auditor composed and provided the notices to LDP. The notices allow residents to provide confidential information or correspondence to the Auditor via a letter to the Auditor's dedicated Post Office Box. As of May 3, 2019, the Auditor has received no such correspondence. During the on-site audit, no residents requested to speak to the Auditor privately.

The Auditor found the level of staff cooperation to be unprecedented and is most appreciative of LDP's efforts to provide a meaningful PREA compliance audit which will strengthen the facility's commitment to PREA.

LDP exceeds the standard regulations.

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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The Auditor was able to download LDP's initial PREA Compliance Audit Report, dated September 8, 2016 from the GEO PREA Certified Facilities List, Leadership Development Program on March 1, 2019. This report was uploaded in fall, 2016.

LDP meets the standard regulations.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Joseph W. Ehrhardt #P2218 \_\_\_\_\_

May 8, 2019 \_\_\_\_\_

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.