

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Abraxas Leadership Development Program		
Physical Address: 10058 South Mountain Road – Building #6, South Mountain, PA 17261		
Date report submitted: January 18, 2017		
Auditor information: Charles J. Kehoe		
Address: P.O. Box 1265, Midlothian, Virginia 23113		
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Telephone number: (804) 873-4949		
Date of facility visit: April 20 - 22, 2016		
Facility Information		
Facility Mailing Address: <i>(if different from above)</i>		
Telephone Number: (717) 749-3066		
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> XX Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> Detention (Juvenile) <input type="checkbox"/> Correction <input checked="" type="checkbox"/> XX Other: Residential Treatment Center	
Name of PREA Compliance Manager: Maggie Dowling		Title: PREA Comp Mgr./QCS PREA Com Mgr.
Email Address: mdowling@abraxasyfs.com		Telephone Number: (717) 749-2614
Agency Information		
Name of Agency: The GEO Group, Inc.		
Governing Authority or Parent Agency: <i>(if applicable)</i>		
Physical Address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487		
Mailing Address: <i>(if different from above)</i>		
Telephone Number: 561-999-5827		
Agency Chief Executive Officer		
Name: George C. Zoley	Title:	Chairman of the Board and CEO
Email Address: gzoley@geogroup.com	Telephone Number:	561-893-0101
Agency Wide PREA Coordinator		
Name: Phebia Moreland	Title:	Director of Contract Compliance

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Abraxas Leadership Development Program (here after referred to as LDP) operated by Abraxas, a GEO Group Company, was conducted from April 20 - 22, 2016, in South Mountain, Pennsylvania. The designated auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to the GEO Group Administrator for Juvenile Services, Jon Swatsburg; PREA Coordinator, Phebia Moreland; Dr. Danny Cole, Abraxas Director of Quality, Compliance, and Research; Karen Gerak, Quality and Compliance Manager; Facility Director, Craig Schmidt; PREA Compliance Manager, Maggie Dowling; Education Director, Melissa Kennedy, and all the employees of the LDP for their professionalism, hospitality, and kindness.

This is a 128-bed, shelter care and residential treatment facility that provides treatment and support services to young people who have serious behavioral issues.

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

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

Dr. Cole and the auditor arrived at the facility on April 20, 2016 at 7:45 a.m. and were met by Mr. Craig Schmidt. An Entrance Meeting was held at 8:05 a.m. with the administrative team. Dr. Cole, Ms. Gerak, Mr. Schmidt, Ms. Dowling, and Ms. Kennedy were in attendance. Dr. Cole and Mr. Schmidt welcomed the auditor and provided an overview of the Leadership Development Program. The auditor thanked the GEO PREA Coordinator and the Abraxas/GEO leadership team for being involved in the PREA certification process. He then reviewed the audit process, the audit schedule, and gave the Facility Director and PREA Compliance Manager the lists of employees and residents selected for Random Interviews. The lists of specialized staff and youth in specialized categories were also given to them. The Entrance Meeting ended at 8:30 a.m.

The site review of the facility began at 8:45 a.m., following the Entrance Meeting. Accompanying the auditor on the tour were Mr. Schmidt, Dr. Cole, Ms. Dowling, and Ms. Gerak. All areas where residents may be found were reviewed. The site review ended at 9:50 a.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 98 residents in the facility. Seventy-three (73) residents are classified as delinquent and 25 are classified as dependent youth. Eighty of the residents were male and 18 were female. Eleven (11) residents were selected for random interviews. Seven (7) residents were interviewed who were identified as being in the special categories. No resident reported sexual abuse or harassment. One (1) resident who was identified as being disabled was interviewed. Two (2) residents who identified as being transgender, lesbian, or gay were interviewed and four (4) residents who disclosed a prior sexual victimization during screening were interviewed. There are no isolation rooms in this facility.

Interviews with residents confirmed that they are well informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, and the right to be free from retaliation for reporting. Six of the 11 residents who were interviewed said they are aware that support services are

available in the community for emotional support for sexual abuse victims, and the vast majority named Women-in-Need as the agency that provides emotional support. Five residents said they were not aware of the agency that provides support services. The residents acknowledged that they have seen the Women-in-Need posters that are posted throughout the facility. It is clear that the LDP is making the information available to the residents. Residents stated they are informed about PREA during intake. A more in-depth PREA education program is provided two or three days after intake, during orientation. The residents told the auditor these sessions were usually done by the PREA Compliance Manager (PCM). During this time, residents are offered ample opportunity to ask questions. Several residents also stated that PREA is discussed during group meetings two or three times a month. All the residents reported that they felt safe in this facility and that they are treated well by the staff.

At the time of the audit, the LDP had 149.5 FTEs authorized in the Budget. Of these positions 122 were filled. The Facility Director told the auditor they were in the process of filling several of the 27.5 vacant positions. Ten staff were randomly selected by the auditor from all shifts and were interviewed. Fifteen interviews were conducted with staff or contractors in 12 specialized areas and included the Facility Director, intermediate level or higher level supervisors (3), Health Administrator and Clinical Director (2), volunteers and contractors who have contact with residents (2), the facility investigator, the staff member who Performs Screening for Risk of Victimization and Abuse, an Incident Review Team member, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, and the Intake Staff. Since this is a moderate sized facility, some staff have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area. The auditor interviewed the PREA Compliance Manager (PCM), the Human Resources Manager, and a Pennsylvania State Trooper during the PREA Audit of the Abraxas Youth Center which is also on this site. The GEO PREA Coordinator was interviewed earlier by the auditor during another GEO audit.

In all, the auditor conducted 43 interviews during the LDP audit.

The staff reported that they have received the required PREA Training. Staff said they also received the training regarding cross-gender searches and searches of transgender and intersex residents, but several staff informed the auditor that the Pennsylvania Department of Human Services issued a memorandum stating the facilities were not permitted to conduct hands-on (pat-down) searches of residents and never allowed to conduct cross-gender, transgender, or searches of intersex youth.

Allegations of sexual abuse are investigated by the Pennsylvania State Police (PSP), Pennsylvania Department of Human Services (DHS), Office of Children, Youth and Families, the LDP investigators, and the Office of Professional Responsibility at the GEO Group corporate office. The auditor reviewed six (6) PREA investigation files, with the facility investigator, that were reported in 2015 and 2016, as of the time of the audit. Of the six (6) allegations, two (2) alleged sexual abuse (both resident-on-resident) and three (3) alleged resident-on-resident sexual harassment. There was one (1) allegation of staff-on-resident sexual harassment. The allegation of staff-on-resident sexual harassment was determined to be unsubstantiated. The two (2) allegations of resident-on-resident sexual abuse were found to be unsubstantiated. Two (2) of the resident-on-resident sexual harassment investigations were unsubstantiated and the third was unfounded. The investigations reports were very thorough and completed in a very timely period.

During the audit, the auditor called the Pennsylvania Childline to see if the number was operational. The auditor did speak to a Childline staff. The auditor explained who he was and that he was testing the system. The Childline staffer said that they would take a call from a resident of any juvenile facility, as they would any other report of child abuse.

During the previous audit, the auditor also called Women in Need (WIN). The staff person there stated she was very familiar with PREA and was aware that WIN would provide victim advocacy and emotional support to a resident of LDP, if requested.

The auditor reviewed five personnel files to document that background checks, including child abuse registry checks, are conducted on all new employees and that five year criminal background checks are current for all staff and contractors. Employees acknowledged at the time of hire, during annual evaluations, and during any promotions that they have not been involved in behaviors listed in 115.317. Employees who are promoted have another criminal background check. LDP also documented that volunteers and contractors who have contact with residents have the appropriate background checks. Contractors are also required to acknowledge the statements in 115.317. During the audit, the auditor found the application form Abraxas was using did ask all the questions required in 115.317, however, if a person stated he/she had never worked in an adult or juvenile correctional facility before the online application would automatically check "N/A" (not applicable) for the remaining questions. During the report writing period, the GEO Group corrected this online so that each question required in 115.317 would have to be answered regardless.

Five (5) training files were also reviewed. The auditor found that employees documented that they had received and understood the required PREA training. Employees receive initial pre-service PREA training and a refresher training, annually. LDP program staff who are in specialized categories receive additional training in their specialized areas (i.e., medical, mental health, and investigations). The dentist, Health Administrator, Clinical Director and the investigator all confirmed that they had received required specialized training. The GEO/Abraxas PREA training takes between four and six hours. The auditor reviewed the GEO/Abraxas training curriculum on previous audits and found the curriculum to be very detailed and professional.

Seven (7) juvenile files were examined and found to document that the residents had received PREA training, and received the screening for risk of sexual victimization and abusiveness. Four (4) residents had also received the follow-up reassessments (Two residents had received four follow-up assessments; one resident (1) had received three reassessments; and one (1) received one reassessment). Three other residents had been in the facility less than 90 days. Investigation notices and documents that monitored for retaliation were reviewed in other investigation documents. One resident was informed, in writing, of the outcome of the investigation.

The facility has a total of 55 cameras. New cameras were added in 2015 to increase supervision and enhance sexual safety. The current CCTV System includes 29 indoor cameras, 6 outdoor cameras, and 20 IP cameras. The auditor reviewed several videos from the cameras that had been recorded prior to the audit. The auditor found the clarity of the videos to be very good.

The facility does not use isolation.

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

Employees at the LDP are not in a collective bargaining unit.

An Exit Meeting was convened at 12:30 p.m. on April 22, 2016, when the on-site audit was completed. Mr. Jon Swatsburg, Dr. Cole, Ms. Gerak, Mr. Grassmyer, Ms. Dowling, and Ms. Kennedy were in attendance. Also attending was Craig Schmidt, Tyler Hamilton, Ryan Gather, Patrick Reid, Amy Randt, Allan Lehman, Shane Sloat, Tom Rodgers, Joshua Curry, Michelle Nolan, and Sean Burrows. Phebia Moreland, GEO PREA Coordinator participated by phone. The auditor thanked all the leadership and staff of the LDP and the leadership of GEO/Abraxas. The auditor complimented the staff for the excellent program they provide for young people with behavioral

challenges. The auditor gave an overview of the audit and stated that he now believed there was only one standard that needed additional documentation of implementation. Following the audit, the auditor realized that the PCM for the LDP was also the PCM for the AYC. After consulting with the PREA Resource Center and the GEO PREA Coordinator, the auditor found that the LDP could not share the PCM with the AYC. Abraxas took immediate corrective action and appointed an Assistant PREA Compliance Manager at the LDP. The LDP now meets Standard 115.311. While he could not give a final finding the auditor stated that overall the audit was very well organized and that it was obvious that LDP had incorporated the PREA Standards into the facility's operating procedures and organization. The Exit Meeting ended at 12:42 p.m.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Leadership Development Program (LDP) is located approximately 20 miles east of Gettysburg, Pennsylvania, on the grounds of the South Mountain Restoration Center. Since its inception in 1994, the Abraxas LDP has been serving a variety of youth, both males and females, in a short-term cognitive behavioral program geared toward developing youth in the leadership skills and competencies necessary for a successful transition back to their communities.

LDP is licensed by the Pennsylvania Department of Human Services (DHS), Bureau of Human Services Licensing (BHSL) and accredited by the Middle States Association of Colleges and Schools Commission on Elementary and Secondary Schools (MSA) and the National Commission on Correctional Health Care (NCCHC).

LDP provides care and treatment to adjudicated delinquent and/or dependent male and female youth between the ages of 13 and 18. Residents of these programs are generally minimally violent youth without chronic mental health or substance abuse challenges. The LDP program also provides a fire setter/sex offender program for dependent/delinquent males between the ages of 11 and 16 and a residential Shelter for delinquent/dependent males and females between 10 and 18 years of age. There are five living units in the facility. On the first day of the audit, Alpha Unit had 29 males, Bravo Unit had 26 males, Charlie Unit had 18 females, and Delta Unit (the Fire Setter/Sex Offender Program) had 25 residents. Echo Unit was unoccupied.

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 the community.

Taking responsibility and realizing that each resident is accountable for his or her actions are the basic building blocks for genuine change in the individual residents. Upon admission to LDP, clients are assigned a counselor who is responsible for providing weekly individual and 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 Fire Setter/Sex Offender Program, the average length of stay is approximately 14 to 16 months.

Clinical progress is measured by meeting individual goals determined in each client's treatment plan, as well as progress through a six-step clinical system based on the Six Steps of Effective Intervention. The daily clinical curriculum includes group counseling, experiential counseling, themed groups, teambuilding exercises, and community service projects. Clinical groups are an integral part of the program and include Aggression Replacement Training, Alternative Group Rehabilitation for clients with PTSD, Leadership Development, Thinking Errors and Correctives,

Skill Streaming, Drug and Alcohol Prevention, Violence Prevention, and Community and Victim Restoration as identified through Balanced and Restorative Justice. The "Girls Circle" curriculum is offered to female residents, along with additional gender responsive programming to meet the needs of young women.

Shelter

The Leadership Development Program Shelter is a residential program providing 24-hour out-of-home care to children who are in need of a safe temporary placement. Shelter services place a high degree of emphasis on safety and security through the use of intensive supervision and a highly structured framework of institutional norms and programming that stress resident support, growth, and development. The program is also designed to protect children and youth from abuse and neglect at the hands of others and from harming themselves.

A major focus of the Shelter Program is the provision of resident development activities. While enrolled in the program, residents have the opportunity to work on those skills necessary to transition successfully either back into the home community or into a more structured treatment setting. These opportunities may take the form of instruction in such areas as anger management, conflict resolution, socialization skills, basic hygiene, job search assistance, and a variety of life skills training. Emphasis is placed on program content which is designed for its carry over value and relating the here and now to the future. This link between experiential and cognitive learning is emphasized as a method for helping residents achieve success.

Concurrent with the cognitive and educational components of the program is an emphasis on physical fitness and health. Residents are involved in daily physical fitness activities to include running, calisthenics, and sports, which exercise both small and large muscle groups, to enable the resident to reach a much improved level of physical fitness. These activities work in conjunction with the other pieces of the program to increase self-esteem, self-confidence, and responsible thinking.

Open Residential - Fire Setter/Sexual Offender Treatment

The Fire Setter/Sexual Offender Open Residential Treatment Program provides services to both dependent and delinquent youth with fire setting histories, and/or sexual offenses. The treatment program works to correct dysfunctional thinking, working through primitive feelings, and changing behaviors that increase the risk of re-offending. This program works with male youth from ages 11 to 16 years of age and can be used as a "step down" for clients who successfully complete treatment at Abraxas Youth Center Secure Fire Setter / Sexual Offender Program. The program also offers a 90 day diagnostic service, at which point a comprehensive evaluation will be completed and communicated with the referral agent to best determine the appropriate treatment course for the youth.

The LDP open residential fire setter /sexual offender treatment program is based on a comprehensive approach which is designed to impact the youth in the interrelated areas of fire safety, sexual abuse and/or offending, socialization, communication, education, family, delinquency, criminality and past trauma issues. The goal of treatment is to help the client develop interventions that break or interrupt their negative behavior responses and develop coping skills which are socially responsible. In accomplishing this goal, focus is kept on all pertinent areas, each of which is interrelated with a resident's manifestations of fire setting and/or sexual offending.

All activities are viewed as opportunities for growth and development. Residents participate in a variety of therapeutically structured activities, including individual, group, and family counseling, clinical study, prevention, life skills, education, recreation, and relapse prevention. Cognitive-behavioral treatment modalities are used to address client issues. Clients in the Fire Setter/Sex Offender program participate in a 52-week curriculum that includes weekly groups in Aggression Replacement Training, Thinking Errors, Drug and Alcohol Education, Skill Streaming, Balanced and

Restorative Justice and Family Groups.

Clients in the program also have varied opportunities to participate in community service activities, restitution, and vocational programs as well. These activities are both age and offense appropriate allowing for maximum benefit as it applies to the experiential learning process. Clients will use these experiences along with the therapeutic relationships they develop with staff to create a well-established plan for their aftercare and reintegration to a less structured environment.

Educational Center

A private on-site education program, licensed by the Public Department of Education that operates onsite year round and offers High School diplomas, GED track and opportunities to earn credits toward graduation with a client's home school district. The Education Center serves grade levels 5- 12 and provides Special Education services and IEP development as needed. In addition to the quality academic services provided at LDP, the program also offers opportunities with career and technical trainings and education to better prepare youth for the workforce after discharge. Employability, soft skills, and leadership competencies are taught throughout a client's admission to further increase their likelihood of obtaining lawful employment during their aftercare. The education program has a staff of 30, including 18 teachers.

Workforce Development and Restitution

All clients within the LDP and the Open FS/SO program have opportunities to learn skills that help better prepare them for future employment. Clients will participate in activities that promote accountability and competency development. Clients have an opportunity to participate in job readiness skills training and gain actual work experience under the supervision of staff on site. Clients are paid a stipend for the work they complete. Some of the money earned is sent to the client's home county as payment toward owed restitution, court costs, and/or fines. LDP also has a working greenhouse on site that is maintained by facility staff and is used for workforce activities with the clients as well as opportunities in career, technical, and academic learning.

Career and Technical Opportunities

The program offers two vocational programs that include: Indoor and Outdoor Building Maintenance, and Horticultural and Landscaping. Clients also have the opportunity to participate in the Microsoft Office certification program, Red Cross First Aid, CPR and Babysitting certifications, and OSHA-10 certification courses.

Leadership Experiential Adventure Program (LEAP)

Adventure-based programming occurs in various phases of the LDP Program. Programming occurs in the form of team-building exercises, day hikes, caving, canoeing and activities on the low and high ropes courses. Clients selected as part of the wilderness team will participate in field operations which will include various outdoor activities such as camping, hiking, bouldering, orienteering, and learning about the area's natural history. Adventure based activities, like all experiential activities, provide an opportunity for clients to put ideas, concepts, and skills learned in educational seminars and counseling sessions into practice. An emphasis is placed on self-development and self-esteem by utilizing "challenge by choice" principles. This encourages clients to be vested in the process of setting goals, planning, participating, and succeeding in events by their individual choice, and not by coercion.

The adventure based and wilderness aspects of the program have been designed to provide a meaningful and challenging physical experience, as well as an exciting experiential educational component. The wilderness experience focuses on environmental issues as well as complying with Leave No Trace (LNT) wilderness ethics. Safety is paramount in the execution of all adventure based-activities, and measures are taken to ensure staff and clients are trained and prepared to take proper precautions and adequately manage risk. The high and low ropes courses are certified annually by the Association of Challenge Course Technology (ACCT). The LEAP program is

accredited by the Association of Experiential Education and maintains the highest standards of programming with our clients during their admission.”

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	9
Number of standard met:	30
Number of standards not met:	0
Number of standards not applicable:	2

Standard Prevention Planning**§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

The LDP policy 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 will not be tolerated."

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

Ms. Phebia L. Moreland is the GEO Group PREA Coordinator and is an upper-level manager at the GEO corporate office. The PREA Coordinator's span of control is illustrated on the GEO table of organization. Ms. Moreland stated that being the PREA Coordinator is her full-time responsibility. She stated she has sufficient time and authority to develop, implement, and oversee the GEO Groups efforts to comply with the PREA standards in all the GEO facilities. Ms. Moreland is also a Certified PREA Auditor.

At the time of the audit, Magdalene Dowling was the PREA Compliance Manager for the LDP and the Abraxas Youth Center (AYC). While Ms. Dowling stated she had sufficient time and authority to coordinate the facilities' efforts to comply with the PREA Juvenile Facility Standards, the auditor found that LDP did not meet the requirements of the standard. The standard states in 115.311 (c), "When an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards." On May 19, 2016, the Facility Director, Craig Schmidt, announced that the LDP Administrative Manager, Thomas Rodgers, "will now have the responsibility and role of PREA Compliance Manager Assistant." Mr. Rodgers had previously been involved with tracking and organizing much of the PREA documentation at LDP and is very familiar with the PREA Juvenile Facility Standards. He will continue to work closely with Ms. Dowling. The PREA Compliance Manager position illustrated on the LDP table of organization was amended to reflect this new position. LDP now meets the requirements of the standard.

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

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

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

Standard

§ 115.313 Supervision and monitoring

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Prior to the audit, the auditor was provided the LDP PREA Annual Facility Assessment (staffing plan) dated October 20, 2015. The facility has had no findings of inadequacy from any court or Federal investigative agency. The Facility Assessment describes all components of the facility's physical plant. The assessment identified areas that needed enhancements, including the need for additional cameras, blind spots in some stairwells, lengths of shower curtains (too long), doors without view panels that create blind spots, and additional night lights in clients sleeping rooms. As previously mentioned, the resident population includes "104 general residential beds and 24 open fire setter/sex offender beds."

The staffing ratio (1:8 during waking hours and 1:16 during sleeping hours) and number and placement of supervisors meets the requirements of the standard. A separate table illustrates the LDP Budgeted FTE Report. The auditor also reviewed several Shift Master Schedules.

The auditor also reviewed the activity schedule at the facility. The activity schedule is program and gender specific and documents the emphasis the program places on treatment, education, and constructive use of leisure time.

The program is in compliance with the PA Department of Human Services, Bureau of Human Services Licensing 3800 regulations and the National Commission on Correctional Health Care standards.

The assessment reported that there were 6 PREA allegations from October 2014 –2015, 0 substantiated, 4 unsubstantiated, and 1 unfounded, and 1 on-going.

LDP has a facility camera map that identifies the location of each camera in the facility. As previously reported, additional cameras have been placed in the facility bringing the total to 55 facility-wide.

The LDP Annual Facility Assessment team includes the Facility Director, two Program Managers, and the PREA Compliance Manager. The Assessment is reviewed and approved by the GEO/Abraxas Divisional Vice President and the PREA Coordinator at the corporate office.

The LDP policy states, "At a minimum of once per month on each shift, an intermediate-level or higher-level supervisor will conduct unannounced rounds of the facility to identify and deter staff sexual abuse and sexual harassment." The unannounced rounds are documented on the Unannounced Rounds form. Staff are prohibited from alerting other staff that unannounced rounds are being conducted. In addition, the policy also requires that once a month, an intermediate-level or higher-level supervisor conducts a review of camera video for each shift to identify and deter staff sexual abuse and sexual harassment. This review is documented on the Camera Review Checks form. As the supervisor makes the unannounced rounds, he/she will ask staff and residents questions specific to PREA.

The auditor reviewed several "Unannounced PREA Rounds" checklists that supervisors completed when they visit each living unit and floor. There is space where supervisors can acknowledge any needed corrective actions. The checklist is reviewed by the PREA Compliance Manager who documents the review in writing. These checklists not only document the unannounced rounds, but

identify areas needing attention.

Based on the comprehensiveness of Annual Facility Assessment, the detailed camera map that was provided to the auditor, the all-embracing Unannounced Rounds Policy, including the required Camera Reviews, the detail of the "Unannounced PREA Rounds" report, and the confirmation that it was reviewed and approved by the Divisional Vice President and the PREA Compliance Manager, the auditor finds that AYC exceeds the requirements of the standard.

Standard

§ 115.315 Limits to cross-gender viewing and searches.

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

The Commonwealth of Pennsylvania strictly prohibits cross-gender searches even by medical professionals. Touching residents during a search is prohibited. The Abraxas South Mountain Programs Policy and Procedures Manual, Policy titled "Client Search Procedures, #2.315," states that cross-gender searches are not permitted.

When a youth is admitted to the LDP the program he/she is initially scanned with a wand to identify any weapons or metal objects on the youth. The resident is then taken to a private area by two staff of the same gender as the resident. The resident is told to remove his/her outer clothing, but not his/her undergarments. The staff members then conduct a visual scan to confirm there is no contraband and to identify and document any tattoos, scars, bruises, or other marks. Such marks are documented on the Body Observation Form. Both the Commonwealth of Pennsylvania and Abraxas policy prohibit any touching of a resident's body during the search. When searching youth going into the secure programs, the youth are asked to open their mouths to ensure no contraband is being hidden there.

Contraband checks are less intrusive and only require a resident to remove bulky outer clothing. The resident does not remove any other clothing.

Prior to the audit, the PREA Coordinator documented that the staff at the LDP had been provided 2016 Booster Training on "Searches and Screenings," that was specific to the requirements of PREA. Documentation was also provided that the staff received Policy "#2.315, Client Search Procedures Policy" and that they had discussed the policy with their supervisors and that they are responsible for compliance with the policy.

During random interviews, residents told the auditor that staff do announce their presence when they enter a resident housing area. Two residents said once in a while a staff member may forget, but that does not happen very often. When it does, other staff will make the announcement. In random interviews with staff, all the staff reported that they announce their presence when entering a housing area. Residents stated they are never naked in full view of staff of the opposite gender. The facility meets the requirement of the standard.

Standard

§ 115.316 Residents with disabilities and residents who are limited English proficient.

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Abraxas 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 that 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 shown the notice staff are given which provides direction on how to access the Language Line Solutions phone number and account information.

At the time of the audit, one resident in the program was identified as being low functioning. The resident was interviewed and told the auditor that the PREA Compliance Manager showed the PREA PowerPoint to a group of new residents and he was in that group. He said staff asked him if he understood the material and if he had any questions. He said he understood what PREA is about, how to report an allegation, and that he could not be punished for reporting an allegation.

The Abraxas procedures prohibit the use of resident interpreters, readers, or assistants except in emergency situations. Three bi-lingual staff are employed at the facility. Two speak Spanish and one speaks Armenian. In the event bi-lingual staff are not available employees know to call Language Line Solutions. A resident would never be used as an interpreter.

PREA signage and the Resident Safety Guide are printed in English and Spanish. The facility meets the requirements of the standard.

Standard

§ 115.317 Hiring and promotion decisions.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

GEO/Abraxas requires background checks on all newly hired employees in the LDP and contractors who may have contact with residents. GEO/Abraxas uses Accurate Background, Inc. to conduct background checks on all employees. The GEO Group also makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an alleged sexual abuse.

The facility provided the auditor with documentation that persons being considered for hire are asked, in writing:

1. If they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution ;
2. If they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. If they have been civilly or administratively adjudicated to have engaged in the activity described above in paragraph (a) (20) of section 115.317 of the standards.

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

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

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

During the audit, the auditor reviewed five personnel files and confirmed the background checks, child abuse registry checks and statements regarding prohibited behaviors were in the files. The facility also provided the background check information on a contractor. When reviewing the personnel files, however, the auditor noticed on the application form that addressed prohibited behaviors, that the form was a fillable form on the computer. If an employee checked that he/she had not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, the form would automatically mark "not applicable" for the other two questions. The employee could not answer those questions. For this reason, the LDP did not meet the standard. This was brought to the attention of the PREA Coordinator at the Exit Meeting. The PREA Coordinator said that since this was a computer generated form, it was very likely happening system-wide. Within a week after the on-site audit, the PREA Coordinator reported that the corrective action plan had been completed and the issue had been resolved system-wide. It should be noted, that this issue related only to the job application. When employees completed the form during their annual evaluations or at the time of a promotion, they did so in writing. The LDP now meets this standard.

Standard

§ 115.318 Upgrades to facilities and technologies.

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

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

The facility has a total of 55 cameras. New cameras were added in 2015 to increase supervision and enhance sexual safety. The current CCTV System includes 29 indoor cameras, 6 outdoor cameras, and 20 IP cameras. The auditor reviewed several videos from the cameras that had been recorded prior to the audit. The auditor found the clarity of the videos to be very good.

Along with adding additional cameras, the LDP has also put windows in the doors of counselors'

offices, therapist' offices, life skills offices, and in the school classrooms. Ceiling nightlights were added to the Delta Unit bedroom to increase lighting and visibility.

Abraxas also updated the South Mountain Programs Policy AD-15 *Staff Boundaries* to clearly state that staff members are not permitted to be alone with a resident behind a closed door that does not have an unblocked window.

In the 2015 PREA Annual Facility Assessment, the leadership team also identified the following items for further possible enhancements:

1. Remove anything covering windows on doors, office, and other rooms.
2. Installing additional cameras in (a) Charlie Unit Community Room and second floor Community Room to eliminate blind spot, (b) back of the Greenhouse to enhance visibility, and (c) in basement near elevator.
3. Lower basement hallway cameras to enhance visibility.
4. Install dome mirrors in stairwells to eliminate blind spots.
5. Shorten length of shower curtains in all shower stalls and tubs to enhance verification that only one resident is present.
6. Add windows in basement laundry room and the supervisor's office on Charlie Unit.
7. Add ceiling lights to all units to improve lighting and visibility at night.

The auditor was impressed with the LDP's Annual Facility Assessment and how it is used to improve sexual safety throughout the facility.

Standard Responsive Planning

§ 115.321 Evidence protocol and forensic medical examinations.

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

The LDP policy on reporting sexual abuse states:

"Allegations of child abuse will be reported immediately by the person who initially had knowledge of the suspected abuse. The Pennsylvania Childline must be called or a report must be filed electronically using the Pennsylvania Department of Human Services (DHS) electronic database system.

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

If the abuse is criminal in nature the LDP will call the Pennsylvania State Police.

The policy also describes the GEO/Abraxas internal reporting requirements regarding allegations of sexual abuse or sexual harassment up to and including GEO Office of Professional Responsibility and the PREA Coordinator.

When the auditor conducted random interviews with staff, all staff described exactly what they would do if a resident reported to the employee that he/she had been sexually abused and how they would preserve evidence. Some staff were not exactly sure who the internal investigator was at LDP. The staff did know that the Pennsylvania Childline and the Pennsylvania State Police are the external agencies that must be called.

If a resident is the victim of a sexual abuse, he/she will be transported to either the Waynesboro Hospital in Waynesboro, PA or Chambersburg Hospital in Chambersburg, PA. Both hospitals can

provide forensic exams.

LDP has a Memorandum of Understanding (MOU) with the Women-in-Need (WIN) agency to provide victim assistance and emotional support for residents who are victims of sexual abuse and sexual harassment. The MOU states that:

"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 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 MOU was signed in March of 2015.

On the previous audit of the Abraxas Youth Center, the auditor interviewed a Pennsylvania State Trooper who is very familiar with the South Mountain Programs and with PREA. He stated that he has been to the facilities on investigations in the past. He stated that Abraxas is a very professional agency. Abraxas has an MOU with the Pennsylvania State Police (PSP) that describes the role of the PSP and the South Mountain Programs.

The auditor also interviewed a volunteer from the WIN agency during the earlier audit. She confirmed that she comes to the facility on a weekly basis as a volunteer and meets with residents and staff on domestic violence and sexual abuse and sexual harassment issues. She was aware of the MOU between WIN and AYC.

Six of the 11 residents who were interviewed said they are aware that support services are available in the community for emotional support for sexual abuse victims, and named Women-in-Need as the agency that provides emotional support. Five residents said they were not aware of the agency that provides support services, by name. The residents acknowledged that they have seen the Women-in-Need posters that are posted throughout the facility. It is clear that the LDP is making the information available to the residents.

The auditor found that LDP meets the standard, but suggested that the names of the internal investigators be shared with all staff and that residents be reminded that WIN is the agency that can provide emotional support.

Standard

§ 115.322 Policies to ensure referrals of allegations for investigations.

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

GEO Group policy directs that any allegation of sexual abuse or sexual harassment that rises to the level of criminal conduct be referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy is published on the GEO Group Web site and is posted throughout the facility. In the case of LDP, the facility staff notify the Pennsylvania State Police.

The auditor interviewed the LDP Investigator and reviewed six (6) PREA investigation files, with the facility investigator that were reported in 2015 and 2016. Of the six (6) allegations, two (2) alleged sexual abuse (both resident-on-resident and both determined to be unsubstantiated), three (3) alleged resident-on-resident sexual harassment (two were determined to be unsubstantiated and one was unfounded) and one alleged staff-on-resident sexual harassment (which was found to be unsubstantiated as a PREA violation, but the OPR found the employee failed to follow Abraxas/LDP policies and procedures and did receive a corrective action). The allegation of staff-on-resident

sexual harassment was reported to the Pennsylvania Office of Children and Youth Services (Childline), and the Office of Professional Responsibility at the GEO Corporate Office. These three agencies conducted independent investigations.

The auditor found that the PREA Investigation reports were very thorough, objective, and completed in a timely fashion.

Standard – TRAINING AND EDUCATION

§ 115.331 Employee training.

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

Staff reported that they receive extensive PREA training at least twice a year. The auditor was told staff have the opportunity to ask questions during training. Staff also told the auditor that most recently they were given booster training on PREA search procedures. When answering questions about specific training they had received, the staff gave very detailed information about the material that was covered.

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

LDP staff acknowledge, in writing, that they received the training and understand it.

Staff are also given pocket cards that describe the steps to follow if an allegation is reported. These cards are carried on the ID badges.

The auditor reviewed 5 randomly selected training files and found all the documentation to be in order.

The auditor was very impressed by the meticulous detail in the training, the frequency of booster training, and the pocket cards that staff carry at all times. LDP exceeds the standard.

Standard

§ 115.332 Volunteer and contractor training.

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

LDP provides a very comprehensive training program for contractors and volunteers. The auditor reviewed the 14-page curriculum and was impressed with the scope of the training material. The material goes far beyond simply informing volunteers and contractors of GEO's Zero Tolerance Policy and how to report such. The curriculum closely parallels the excellent training given to paid employees.

Volunteers and contractors acknowledge in writing that they have received and understand the PREA training for volunteers and contractors. The auditor reviewed the documentation that

confirmed contractors and volunteers had received the training and understood it.

The auditor interviewed a contractor and confirmed that he had received the training and understood it. Signed documentation was also provided to the auditor.

The LDP training for contractors and volunteers exceeds the standards.

Standard

§ 115.333 Resident education.

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Following the intake process, LDP policy states:

"The primary counselor will review the Youth Safety Guide with the client during the first individual session which will take place within the first week of 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 the client will sign an acknowledgment 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 Abraxas Youth Safety Guide is a very comprehensive document that is age-appropriate and written at a grade level the residents will comprehend. The information includes the program's zero tolerance policy regarding sexual abuse and sexual harassment and the resident's rights to be free from sexual abuse, sexual harassment, and from retaliation for reporting such incidents. Considerable detail is also provided on how to report sexual abuse or sexual harassment.

The *Abraxas Youth Safety Guide* is printed in both English and Spanish. Residents are also given a brochure titled, "What you should know about Sexual Abuse". Residents confirm, in writing, that they have received the training, the Resident Handbook, the *Youth Safety Guide*, and the brochure and understand the material.

Ten of the residents the auditor interviewed reported they received the PREA orientation when they arrived and the training the first few days after intake. One resident said he did not get the training when he arrived but he did see the posters about PREA. The auditor reviewed six (6) residents' files and confirmed the acknowledgement documentation was present. All residents confirm, in writing, that they have received the Youth Safety Guide and know how to report allegations of sexual abuse and sexual harassment.

Standard

§ 115.334 Specialized training: Investigations.

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The Investigator (Facility Director) reported that he and eight (8) other LDP staff completed the

specialized training for investigators. Three (3) completed the training in October of 2014; six others completed the training on June 10, 2015. GEO/Abraxas investigators complete a very comprehensive web based course taught by the PREA Coordinator. The curriculum was developed by the PREA Resource Center and The Moss Group specifically for investigators. The auditor reviewed the lesson plans for this course that totaled 145 pages. The curriculum provided great detail on all facets of investigating sexual abuse and sexual harassment in confinement facilities including how to collaborate with the forensic team and a victim advocacy agency, law enforcement and the legal issues involved in conducting these types of investigations. Documentation was given to the auditor that confirmed the investigators completed the basic PREA training and the specialized investigator training. An acknowledgement was also provided in writing that confirmed the employee had received and understood the basic training. A certificate of completion was presented to the investigators. Because of the professional quality of this training and the all-inclusive scope of the curriculum, the auditor finds LDP exceeds the requirements of this standard.

Standard

§ 115.335 Specialized training: Medical and mental health care.

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

The medical and mental health staff who provide services to LDP received the specialized training that was developed by GEO Group based material from the PREA Resource Center and the National Commission on Correctional Health Care under a grant from the Bureau of Justice Assistance. The auditor reviewed the very detailed 90-slide PowerPoint training that covers all the areas required by Standard 115.335 (1) – (4).

LDP documented that the medical and mental health providers received the basic training and the specialized training.

The comprehensiveness of this specialized training demands several hours and, therefore, this auditor finds that it exceeds the basic requirements of the standard.

Standard Screening for Risk of Sexual Victimization and Abusiveness

§ 115.341 Obtaining information from residents.

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

The South Mountain Programs Policy CL-06 "Admission Record and Assessment Requirements" states:

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

Upon admission, within 24 hours, 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 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 residents will be periodically reassessed using the Vulnerable to Victimization Reassessment Questionnaire. Residents placed on the Shelter and Detention units will be reassessed every 30 days and all other residents will be reassessed on a quarterly basis.

The program will use the information gathered to make room and programming 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 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."

The auditor interviewed a counselor and an intake staff (Treatment Supervisor) member who screens for risk of victimization and abusiveness. They confirmed that the initial assessment is completed by intake staff. The reassessments are completed by the designated counselor using the assessment form. Residents in Shelter Care are reassessed every 30 days. Residents in the Fire Setter/Sex Offender Program and in the general population are reassessed every 90 days. If additional information is received at the facility or if an incident happens, an assessment would be conducted.

Seven (7) juvenile files were examined and documented that the residents had received the screening for risk of sexual victimization and abusiveness. Four (4) residents had also received the follow-up a reassessments (Two residents had received four follow-up assessments; one resident (1) had received three reassessments; and one (1) received one reassessment). Three other residents had been in the facility less than 90 days. LDP has strict controls on the dissemination of the Screening for Risk of Victimization Sexually Aggressive. Files are maintained in the counselors' offices in locked cabinets.

Standard

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

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

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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 auditor reviewed the LDP Room Matrix, which identifies which resident is in which room and which residents have a history of sexually aggressive behavior and which residents are vulnerable to victimization.

There are no isolation rooms in the facility so a resident who is alleged to have suffered sexual abuse could not be put in isolation.

During the site review of the living units, the auditor went into several sleeping rooms. All residents said shower stalls provide privacy. Interviews with staff and administrators confirmed that housing assignments, education, and program assignments are made on a case-by-case basis based on the resident's treatment plan and assessment for risk of victimization and abusiveness.

No living unit is designated just for transgender, intersex, gay, lesbian or bisexual residents. The administrative staff stated that a transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration. Placement and programming assignments for transgender and intersex youth would be evaluated on a 90 day basis as are all other residents. The Facility Director stated there have been no transgender or intersex youth in the facility during the audit period.

Standard Reporting

§ 115.351 Resident reporting.

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

The LDP provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff, and staff neglect or violation of duties that may have contributed to such incidents. The *Youth Safety Guide* states that a resident can report an allegation of sexual abuse or sexual harassment to any staff member, health care provider, to his or her parent/guardian, probation officer, attorney, or chaplain or minister. The Guide also provides the phone number for the Pennsylvania Childline (800-932-0313). Residents can also file a grievance regarding sexual abuse and sexual harassment. The resident handbook describes the grievance procedures.

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

The random staff that were interviewed also confirmed that residents can make reports in writing, verbally, via third parties, and anonymously.

There are no residents "detained solely for civil immigration purposes at this facility."

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

Employees interviewed confirmed that they can privately report allegations of abuse. During training, employees are trained on their options and bilingual posters are located in staff offices, control centers, and break rooms. The posters state:

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

Standard

§ 115.352 Exhaustion of administrative remedies

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

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

Residents' Rights and the Grievance Procedure at LDP are explained to new residents during intake and in follow-up education sessions. The Grievance Procedure is also specifically stated in the residents' Handbook. There are also precise instructions for filing grievances regarding allegations of sexual abuse and sexual harassment. The procedure also describes how Emergency Grievances can be filed if a resident feels he/she is at imminent risk of being sexually assaulted. The Abraxas Youth Safety Guide also reminds a resident that he/she can report an allegation of sexual abuse or sexual harassment by filing a grievance. The auditor read the LDP grievance procedure and finds that it meets the requirements of the standard.

Interviews with residents confirmed they are very knowledgeable about the LDP grievance procedure and how it can be used to report an allegation of sexual abuse or sexual harassment. Residents who have filed grievances at LDP said the process works well for the residents.

Standard

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

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

The South Mountain Policy CL-12 "Resident Rights states:

"Resident Rights Under PREA:

1. Residents will be provided with 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 victim advocacy or rape crisis organizations Reasonable communication 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.”

The South Mountain Programs (including the LDP) signed an MOU with the Women in Need (WIN) agency on March 3, 2015 to provide outside support services for residents who are victims of sexual abuse and sexual assault. The 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 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.”

During a prior audit at the South Mountain Program AYC program, the auditor interviewed a volunteer from WIN who comes to the facilities on a regular basis to conduct educational groups on domestic violence and sexual abuse. She stated that WIN and Abraxas have a very good working relationship.

As previously reported, six (6) of the 11 residents who were interviewed said they are aware that support services are available in the community for emotional support for sexual abuse victims, and the vast majority named Women-in-Need as the agency that provides emotional support. Five residents said they were not aware of the agency that provides support services. The residents acknowledged that they have seen the Women-in-Need posters that are displayed throughout the facility. It is clear that the LDP is making the information available to the residents.

Standard

§ 115.354 Third-party reporting.

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

Every resident interviewed was aware that he/she could report a sexual abuse or sexual harassment to his/her parent, family member, caseworker, or probation officer, if he/she did not feel he/she could report it to anyone at the facility. Staff are also aware that third-party reports can be taken regarding sexual abuse and sexual harassment allegations.

The GEO Oversight Policy states:

“Third-Party Reporting (§115.354)

GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Residents.”

The GEO Web site has instructions for third party reporting:

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

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

The names and locations of alleged persons involved;

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

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

Standard Official Response Following a Resident Report § 115.361 Staff and agency reporting duties.

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

The Abraxas Program Operations Policy #101-13, "Child Abuse Reporting – Pennsylvania Programs" states that all staff are mandatory reporters if they become aware of an allegation of child abuse. South Mountain Programs Policy #Op -20 PREA Response Plan identifies specific responsibilities that LDP first responders, on-duty supervisors, facility administrator, PREA Compliance Manager, and medical and mental health staff will follow when an allegation of sexual abuse or sexual harassment has been made.

All the random staff interviewed by the auditor described in detail their reporting responsibilities beginning with their immediate supervisors up to and including reporting to Childline. The staff understand that the laws of Pennsylvania and Abraxas Policy make them mandatory reporters for allegations of sexual abuse, sexual harassment, retaliation or threats of retaliation, and staff neglect of duties that may have contributed to a sexual abuse incident. Staff also stated they understood the limitations on who they would inform about the incident and the confidential nature of the allegation. Staff carry a pocket card that can be used to ensure all the steps are followed in reporting sexual abuse or sexual harassment. The staff member who has the first knowledge of the allegation of sexual abuse will make the report to the Childline. Staff described how they would separate the victim from the alleged abuser, secure the area where the abuse is reported to have happened, instruct the residents directly involved in the incident not to shower, uses the toilet, change clothes or do anything that would compromise any evidence.

The Supervisor/Manager On-Duty notifies the Facility Director and the PREA Compliance Manager. The supervisor would assign staff members of the same sex to provide one-on-one supervision to the victim and the alleged abuser.

The PREA Compliance Manager will notify the Corporate PREA Coordinator within two (2) hours of the occurrence. The PREA Compliance Manager or a designee will meet weekly with the alleged victim and reporter (if different than victim) in private to verify that he/she has 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 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 the 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 also offered to the victim. The Facility

Director or his 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, would prepare a safety plan that would describe safety measures that would 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 his/her involvement in the facility.

The Health Administrator and the Clinical Director both confirmed that they always inform the residents that they are mandatory reporters and the limits of confidentiality.

Standard

§ 115.362 Agency protection duties.

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

The Facility Director and all staff randomly interviewed stated that any resident in substantial risk of imminent sexual abuse would be immediately removed from the area and would be maintained under the close supervision of a staff member until such time as the resident's safety was assured. A safety plan would be developed to document supervision and safety procedures for the victim. If the aggressor is known, he/she would also be removed from any possible contact with the victim.

Standard

§ 115.363 Reporting to other confinement facilities.

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

The Facility Director stated that if LDP received an allegation that a resident had been sexually abused at another facility he would notify the director of the other facility. The LDP has a form that will document notification if such an allegation is received and the action taken.

The Facility Director stated there have been no allegations of sexual abuse or sexual harassment reported at another facility. He also stated he has not received any allegations of sexual abuse or sexual harassment at LDP from other facilities. If such a report is made, LDP has a form to capture the necessary information.

Standard

§ 115.364 Staff first responder duties.

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

Abraxas Policy OP – 20 Prison Rape Elimination Act (PREA) Response Plan provides very detailed

procedures to follow when an allegation of sexual abuse or sexual harassment is made at LDP. The auditor interviewed ten random staff and specifically asked what they would do if a resident told them that he/she had been sexually abused. Every employee described in detail how they would separate and protect the victim, protect the scene, and ensure the victim and the perpetrator, if he or she is known, does not shower, use the toilet, change clothes, or brush his/her teeth, etc. The staff also showed the auditor their pocket cards that give specific steps to follow if they are informed of an allegation of sexual abuse. The auditor also reviewed PREA investigations that documented that staff responded according to the LDP policy and procedures which is consistent with the requirements of the standard. The training curriculum was also reviewed and confirmed that employees are being trained to the Abraxas policies.

Standard

§ 115.365 Coordinated response.

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

As previously stated, the Abraxas OP – 20 Prison Rape Elimination Act (PREA) Response Plan articulates the roles and responsibilities of each of the involved staff, supervisors, and administrators will perform to ensure the victim's safety and that evidence is preserved. The duties and responsibilities of the on-duty staff are clearly stated. All staff are trained to the plan. The training curriculum addresses all the requirements of the OP – 20.

Standard

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

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

GEO/Abraxas does not have any collective bargaining agreements with employees at the AYC.

Standard

§ 115.367 Agency protection against retaliation.

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

The PCM monitors for retaliation.

The Abraxas OP – 20 Prison Rape Elimination Act (PREA) Response Plan, Procedures 5.c.v. states:

“The PREA Compliance Manager or a designee will meet weekly with the alleged victim and reporter (if different than victim) in private to verify that they have not been subject to retaliation regarding the report of abuse. Any concerns will be addressed and the meetings will be documented in the

facility Protection from Retaliation Logs (attached). Monitoring will continue for 90 days or until the allegation is determined to be unfounded. Monitoring can be extended if deemed necessary.”

The PCM reported that as part of the monitor protocol, she would review progress and incident reports that involve the victim to identify potential problems. She would also meet weekly with the victim per the agency policy. If concerns were identified, the resident’s safety plan would be reviewed to determine if changes were needed. The auditor reviewed a Protection from Retaliation Log that had been completed as the result of one PREA allegation of sexual harassment.

If a staff member was concerned about possible 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 there is no retaliation. The Facility Director would also notify the Office of Professional Responsibility at the GEO Corporate Office. The PCM said the staff member could be moved to a different program at South Mountain Abraxas Complex or could be assigned to a different shift or a different post, if necessary.

Monitoring can be extended beyond the initial 90 days.

Standard

§ 115.368 Post-allegation protective custody.

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

The AYC does not have an isolation rooms.

Standard Investigations

§ 115.371 Criminal and administrative agency investigations.

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

The LDP has nine (9) PREA Investigators. All have received the required training. The auditor interviewed the Facility Director who also serves as the lead investigator.

The Pennsylvania DHS, Office of Children, Youth and Families and the PSP also conduct investigations when there is an allegation of sexual abuse. These agencies may also be asked to investigate allegations of sexual harassment by a staff member.

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection is a very detailed and comprehensive policy that meets all the requirements of the standard.

GEO Group policy directs that any allegation of sexual abuse or sexual harassment that rises to the level of criminal conduct be referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy is published on the GEO Group Web site and is posted throughout the facility. In the case of LDP, the facility staff will notify the Pennsylvania State Police.

As previously stated, the auditor interviewed the LDP Investigator (Facility Director) and reviewed six (6) PREA investigation files, with the facility investigator that were reported in 2015 and 2016. Of the six (6) allegations, two (2) alleged sexual abuse (both resident-on-resident and both determined

to be unsubstantiated), three (3) alleged resident-on-resident sexual harassment (two were determined to be unsubstantiated and one was unfounded) and one alleged staff-on-resident sexual harassment (which was found to be unsubstantiated as a PREA violation, but OPR the found the employee failed to follow Abraxas/LDP policies and procedures and did receive a corrective action). The allegation of staff-on-resident sexual harassment was reported to the Pennsylvania Office of Children and Youth Services (Childline), the PSP, and the Office of Professional Responsibility at the GEO Corporate Office. These three agencies conducted independent investigations.

The investigations reports were very thorough, objective, and completed in a timely period.

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

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

Administrative investigations involving allegations of sexual harassment are conducted by a LDP PREA Investigator. Administrative investigations are also conducted when there is reason to believe that staff actions or failures to act contributed to an allegation of sexual abuse or sexual harassment. All administrative investigations are documented in very complete written reports. LDP retains all written sexual abuse and sexual harassment reports for as long as the alleged abuser is in the facility or employed by the company, plus five years, unless the abuse was committed by a juvenile resident and the applicable Pennsylvania law requires a different retention period.

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

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

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

Standard

§ 115.372 Evidentiary standard for administrative investigations.

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

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

Standard**§ 115.373 Reporting to residents.**

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

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

The auditor was told that the four (4) residents who reported a PREA allegation in 2015 - 2016 were released from the facility prior to the end of the investigation and therefore there was no notification. The fifth resident recanted his story. The sixth youth to report an allegation (staff-on-inmate sexual harassment) was informed, in writing, of the outcome of the investigation.

Because it can take several weeks to learn of the investigation findings from the PSP, DHS, and OPR the victim of a sexual abuse allegation may be discharged from the facility before the end of the investigation. Therefore, the victim is not informed of the outcome of the investigation. This is beyond the control of LDP.

The LDP has a form that is used to inform the victim of the outcome of the investigation. The form has all of the actions that can be taken against the abuser, as well as the status of the case (i.e., the abuser was charged, the abuser was convicted, the abuser was transferred to another facility, or the abuser was terminated, in the case of an employee.)

Standard Discipline**§ 115.376 Disciplinary sanctions for staff.**

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

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

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

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

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

d. All terminations and 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.

LDP provided the auditor with written documentation from a 2015 PREA investigation of staff-on-resident sexual harassment allegation that an employee was given a corrective action for failure to follow Abraxas policy and procedures. The PREA allegation was unsubstantiated. The matter was also investigated by the DHS, the PSP, and the GEO OPR.

Standard

§ 115.377 Corrective action for contractors and volunteers.

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

Abraxas 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 will 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, all Employees, Contractors and Volunteers have an affirmative duty to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that take place at Abraxas or while a Resident is off grounds. All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors or Volunteers, including possible criminal prosecution."

The Facility Director stated that there have been no allegations of sexual abuse or sexual harassment involving any contractors or volunteers.

Standard

§ 115.378 Interventions and disciplinary sanctions for residents.

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

The LDP Open Residential Firesetter/Sex Offender Program Resident Handbook addresses disciplinary procedures for rule violations and sanctions that may be imposed.

The Major Norm Violation (MNV) is the highest level of discipline. The Firesetter Handbook states:

"MAJOR NORM VIOLATIONS – (MNV)

If you should choose to engage in any of the behaviors identified as major norm violations, you will be considered for MNV. A Treatment Supervisor will evaluate you for placement on major norm violation. You will remain on MNV for no less than three days.

During this time you will be issued a corrective action plan designed to correct the behavior or issue. Upon completion of these requirements, you will earn back your regular privileges within the unit. **It is important for you to recognize that a record will be kept each time you are placed on MNV. It is in your best interest to learn from your mistakes and modify your behavior in an appropriate manner.**

Each resident's behavior is evaluated on a weekly basis to determine his level and corresponding privileges. This is a joint activity completed together by the resident's total case management team (primary counselor, clinician, designated life skills worker, Treatment Supervisor, and education staff). Residents will earn levels based on clinical, behavior and educational progress. The treatment team may alter level recommendations. Alterations will be noted on the progress note and accompanied by specific, behavioral, clinical, educational – measurable feedback.

What are the Major Norm Violations?

- **Stealing** – Basically if you have anything in your room or on your person that we don't give you or allow you to have.
- **Cheating** – Any attempt or action of cheating in the Learning Center, on homework or with other staff assigned assignments.
- **Acts or Threats of Violence** – Any verbal or physical attempt or action to physically hurt or threaten someone else.
- **Destruction of property** – Any destruction or attempt to destroy or damage any object that would be considered property, of any kind, within the program.
- **Contraband** – Any items, determined by staff, that are not normally allowed in a resident's room or in their possession.
- **Sexual harassment** – Any comment, gesture or action made of a sexual nature that may cause someone to feel uncomfortable.
- **Dishonesty** – Any resident that exhibits one or any of the four types of lies (commission, omission, exaggeration, or distortion).
- **A.W.O.L.** – (Absent without leave) Any plans, thoughts or attempts to leave the program or staff supervision without proper documentation such as a court order."

Residents on the MNV level still receive daily large-muscle exercise and access to required educational programming/special education services.

All forms of sexual misconduct are behaviors that would result in a MNV disciplinary action.

The auditor was told that if the resident's mental disabilities or mental illness contributed to his or her behavior that this would be taken into consideration when determining sanctions. Given that the focus of the LDP program is on providing therapy to its residents, residents who sexually abuse or sexually harass another resident will be provided therapy based on the level of needed intervention.

Sanctions for sexual abuse could also result in criminal prosecution and placement in a detention center. LDP does not have an isolation room.

Standard Medical and Mental Care**§ 115.381 Medical and mental health screenings; history of sexual abuse.**

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

The South Mountain Programs Policy CL-06 "Admission Record and Assessment Requirements" states:

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

Upon admission, within 24 hours, 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 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 residents will be periodically reassessed using the Vulnerable to Victimization Reassessment Questionnaire. Residents placed on the Shelter and Detention units will be reassessed every 30 days and all other residents will be reassessed on a quarterly basis.

The program will use the information gathered to make room and programming 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 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 and the Health Administrator confirmed that if a resident acknowledges a prior history of sexual abuse, or sexual abusiveness, he/she will be seen by a clinician within 14 days.

The auditor interviewed four (4) residents who disclosed a prior sexual victimization during risk screening. Two (2) residents reported that the sexual abuses happened several years ago and the information was in their case records. Both of these residents said the counselors were aware of the past abuses. They said they did not recall being offered a follow-up meeting with the mental health staff, given the incidents happened so long ago. Another resident who reported more recent abuses said he was asked if he wanted to see the mental health worker, but he declined. The other resident said she was not asked if she wanted to see the mental health worker, but did state she did not want to discuss the incident and was currently taking medication.

The auditor also reviewed Screening forms in the resident files and saw evidence that 14-day follow-up meetings with the health care or mental health staff are being scheduled, as required.

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

The mental health staff and the Health Administrator told the auditor that they are mandatory reporters under Pennsylvania law and therefore informed consent is not necessary, regardless of where the abuse happened.

Standard

§ 115.382 Access to emergency medical and mental health services.

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

The auditor interviewed the Health Administrator who reported that any resident who was allegedly sexually abused would have immediate and unimpeded access to emergency medical treatment and crisis intervention services at the Chambersburg Hospital. Based on the previous interview with the volunteer from WIN, that agency would also be available to provide emotional support and victim assistance.

The Health Administrator said if there was an incident of sexual abuse, the nurse on duty or the doctor on-call would instruct the supervisor on duty to transport the resident to the hospital. She said her professional judgment and the professional judgments of the doctor and nurses are always accepted and followed.

The Health Administrator stated that all female residents receive a pregnancy test within a week of their admission to the LDP.

The Health Administrator also told the auditor that a female victim of sexual abuse will be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis at the hospital.

These health care and mental health services would be at no cost to the victim.

The Facility Director said there have been no incidents of sexual abuse that have required a resident to be transported to the hospital for a forensic exam.

Standard

§ 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

LDP residents who have been victims of sexual abuse will be offered continuing medical and mental evaluation and health treatment. 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.

Both the Health Administrator and the Clinical Director stated that the level of care residents receive in this facility is better than the level of care an adolescent would receive in the community.

As previously stated, female residents who experienced sexually abusive vaginal penetration will be offered pregnancy tests. If pregnancy results from the sexual abuse, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

All resident victims of sexual abuse will be offered 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 sexual abusers within 14 days of admission. The resident would be offered treatment when deemed appropriate by the Clinical Director.

There have been no forensic exams conducted on any resident at the LDP.

Standard Data Collection and Review

§ 115.386 Sexual abuse incident reviews.

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

The Facility Director said that the PREA Incident Review Team is comprised of the Director, a Program Manager, the Quality and Compliance Specialist/PREA Compliance Manager, and the Health Administrator. Others are added as needed.

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

When an investigation is completed, the Incident Review Team meets within 30 days and considers those areas listed in 115.386 (d) (1) through (5). The Team then prepares an After-Action Review Report. The auditor examined two (2) After-Action Review Reports from the six (6) investigations he reviewed and found they were comprehensive and complied with the requirements of the standard.

Recommendations for improvements are implemented according to the Facility Director.

Standard

§ 115.387 Data collection.

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

When an allegation is reported and investigated, a PREA Incident Report Survey is completed. This 22 page survey captures all the critical information regarding the alleged sexual abuse and all the information necessary to answer all questions on the most recent version of the Survey of Sexual

Violence (DOJ) and more. The GEO Group collects and maintains data from all incident-based documents, including reports, investigations, and Incident Review Team analyses.

The LDP also has a spreadsheet, referred to as the PREA Incident Tracking Log that provides critical information regarding on-going investigations and closed investigation. The Tracking Log is the basis for considerable information used in other reports. The auditor found the Tracking Log to be very valuable when reviewing investigations.

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

The GEO Group's understanding of the importance wide-ranging data in strategic planning for sexual safety exceeds the requirements of this standard.

Standard

§ 115.388 Data review for corrective action.

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The GEO Group collects data from the PREA Incident Report Survey, identifies problem areas, and takes corrective action, as needed, on an on-going basis.

The GEO Group has published its Annual PREA Report 2015. This 15 page report identifies certified facilities, issues needing attention, corrective actions to be taken, training that has been done, policies and procedures that have been enhanced, and presents data from all GEO facilities. The auditor was very impressed by the transparency of the data and the comprehensiveness of the report. This report is available on the GEO Web site. The GEO Annual Report exceeds the requirements of the standard.

Standard

§ 115.389 Data storage, publication, and destruction.

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

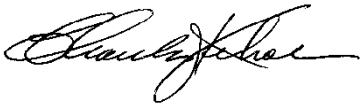
The LDP secures all data collected pursuant to 115.387 in a secure office and access to these files is limited to a small number on the administrative team. This data is maintained for at least 10 years, in accordance with this standard.

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

The GEO Group has created a position titled Corporate PREA Data Specialist with responsibility to collect and analyze PREA data from all GEO facilities with PREA obligations. This clearly exceeds this standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of August 19, 2016, the Abraxas Leadership Development Program, South Mountain, Pennsylvania meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



Auditor Signature

January 18, 2017

Date