

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Abraxas Ohio, The GEO Group, Inc.			
Physical Address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, Florida			
Date report submitted: December 30, 2014			
Auditor information: Glen E. McKenzie, Jr., M.S.H.P.			
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Email: GlenEMcKenzieJr.LLC@austin.rr.com			
Telephone number: 512-576-1800			
Date of facility visit: August 12-14, 2014			
Facility Information			
Facility Mailing Address: 2775 State Route 39, Shelby, OH 44875			
Telephone Number: 419-747-3322			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other: Residential Treatment Center
Name of PREA Compliance Manager: Amy Close		Title: PREA Compliance Manage/QCS	
Email Address: aclose@abraxasyfs.com		Telephone Number: 419-747-0826	
Agency Information			
Name of Agency: The GEO Group, Inc.			
Governing Authority or Parent Agency: The GEO Group, Inc.			
Physical Address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton Florida 33487			
Mailing Address: (if different from above)			
Telephone Number: 561-999-5827			
Agency Chief Executive Officer			
Name: George C. Zoley		Title: Chairman of the Board, CEO and Founder	
Email Address: gzoley@geogroup.com		Telephone Number: 561-999-5827	
Agency Wide PREA Coordinator			
Name: Phebia L. Moreland		Title: Director, Contract Compliance	
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AUDIT FINDINGS

NARRATIVE:

The GEO Group facility Abraxas Ohio is a 100 bed Residential Treatment Center for adolescent males. The program is accredited by The Joint Commission as a Behavioral Healthcare Organization, the National Commission on Correctional Health Care and is licensed and certified by the Ohio Department of Mental Health and Addiction Services for Residential Programs and Outpatient Treatment Services. The program is also certified by the Ohio Department of Youth Services to provide assessment, treatment and transitional services to Juvenile Sex Offenders.

The PREA Audit took place August 12-14, 2014, in Shelby, Ohio. The evening before the audit the auditor met with the following individuals to discuss the final audit schedule: Bruce Tessena, Director, Ohio; Erich Dumbeck, Facility Director; Amy Close, Facility PREA Compliance Manager; Corporate PREA Coordinator, Phebia Moreland; Kathi L. Witt, Senior Manager of Quality and Compliance; Jennifer Shaw, Contract Compliance/PREA Manager, Danny Cole, Ph.D., Director of Quality, Compliance and Research. On the morning of August 12, 2014 the auditor entered the facility for purposes of conducting an on-sight tour of the facility and interviewing residents, staff members, volunteers and contractors. The facility PREA Manager provided a list of all employee job categories of staff by shift and a list of all residents by housing unit. Prior to the auditor's arrival at the facility, the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with JUVENILE FACILITY PREA Standards. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to the auditor by the facility staff and any additional remaining questions were resolved during the audit. The auditor interviewed 11 random staff, the contract psychiatrist and ten (10) residents at random of no less than two (2) from each living unit. Residents' length of stay for those interviewed ranged from less than one (1) month to less than one (1) year with an average length of stay of less than five (5) months. The daily population on the first audit day was 98 residents. No youth identified themselves as lesbian, bisexual, gay, transgender or intersex residents and there were no residents who needed translation services or other disability related services at the facility. Five allegations of sexual abuse/sexual harassment had been made during the past 12 months and were investigated appropriately. Of the five (5) allegations, two (2) were referred for criminal investigations and three (3) were reviewed through administrative investigations. The Hamilton County Job & Family Services determined two (2) allegations were unsubstantiated. Of the three (3) administrative investigations, two (2) were dismissed as unsubstantiated and one (1) investigation was substantiated, resulting in the employee's termination. Appropriate measures had been taken immediately by staff to protect the alleged victims. All residents interviewed stated they had felt safe and the facility and knew procedures on how to report any sexual harassment/abuse. Residents had been provided laminated reminder cards of their rights regarding sexual harassment/abuse which each resident carried on his person. Residents stated they could also take the reminder cards with them following their release from the facility. No resident had requested to speak with the auditor nor had the auditor received any written/e-mail correspondence from any resident or staff.

The facility tour began by observing the following areas: Intake, Reception, Screening, all housing units, medical/mental health service areas, education/special education, library, cafeteria, training area and recreation. The physical plant design and staffing ratios allowed residents to have appropriate privacy and there were no obvious blind-spots. Signage advising residents of their right to be free from sexual abuse and how to report allegations of such behavior was posted in conspicuous locations throughout all housing units and throughout the entire the facility. The facility does not utilize isolation, but relies on increasing levels of staff supervision as appropriate and necessary. The auditor noted during the tour that residents knew the names of facility staff and administrators and facility staff and administrators knew the residents by name and their current programming needs. The auditor also noted high levels staffing ratios (1:3 and 1:5 during waking and sleeping hours in the sex offender program and 1:5 in the Drug/Alcohol Treatment program) through the facility working directly with residents. Following the facility tour, additional questions were answered by executive and upper-level management staff. Staff and resident interviews followed and were conducted privately in a conference room in the Administration Building. There are no SANE or SAFE staff employed at the facility. These services are available at the MedCentral Hospital through an agreement. The auditor reviewed the current Memorandum of Understanding (MOU) between the facility and hospital to provide SANE and SAFE services and the current MOU of rape crisis center providers. The auditor interviewed members of the incident review team and staff members charged with monitoring retaliation. Administrative and criminal investigations are conducted as a shared responsibility by the facility, the Richland County Sheriff's Department, the Richland County Children Services and other authorities in the State of Ohio Department of Youth Services. The auditor contacted the Sheriff's Department, the rape crisis center and the hospital; however no staff was available to be interviewed. It should be noted that one (1) staff randomly interviewed worked at the local police department and offered examples of the close relationship with facility administrators and local law enforcement departments. There were no volunteers interviewed as the facility presently utilized no volunteers. It should be noted that due to the facility's resident population and physical plant design, several staff served multiple responsibilities thereby reducing the overall number of specialized staff interviewed. The auditor interviewed a medical staff member and the mental health professional, along with intake staff who also conduct risk assessments for risk of victimization and abusiveness. The PREA Compliance Coordinator was interviewed. Also interviewed was middle to upper management staff that also conducts unannounced visits to the facility during the all shifts. The Ohio Director was also interviewed.

The GEO Group/Abraxas facility has the following Mission Statement: "to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care."

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Abraxas facility is Abraxas Ohio, located in Shelby, Ohio. The facility and its grounds were well maintained. From the facility's appearance, it might be well perceived as a small community college campus with many large trees and shrubs, spacious lawns and multiple areas for recreational opportunities. The facility consists of a main building which serves as the administrative building, cafeteria, education facility and medical/psychiatric services. The main building also houses the residents. The physical plant appeared to have ample room for all activities, has a very generous staffing ratio and includes a modern video surveillance system of internal and external facility areas. The facility administrator continues to pursue opportunities to increase additional video monitoring capabilities as funds become available. Additionally, the facility has a spacious gymnasium with various recreational equipment items available for the residents. Staff training is also provided at the gymnasium in a spacious training room.

Educational services are provided on-site by Mid-Ohio Educational Service Center teachers with oversight by the school Principal. All Abraxas High School credits are transferable to the youth's home school, and graduation, G.E.D., and post-graduation and pre-employment options are also available through the facility. Ancillary education curriculum including career exploration services and training related to the employment market are an additional part of this programming. The Abraxas High School provides special education services in the least restrictive environment to those students in need of such services. Instruction with a full-time learning support teacher, monitored in the mainstream by the special education staff and ancillary services team are provided. Remedial services in reading and math are part of the core curriculum. All youth are provided with life skills/independent living programming while at the residential facility. The service is educational in nature and focuses on pertinent topics to enhance the youth's ability to live independently.

The medical department at Abraxas is staffed by two contract pediatricians, a contract psychiatrist, a contract dentist, a full time nurse manager, and four nurses. Medical staff arrange for all medical care, required dental care, and pharmacological services as needed, including psychological/mental health services as accessed through third party insurance and/or Medicaid as necessary.

Drug & Alcohol Treatment – 90 beds

A drug & alcohol treatment program provides both short-term and long-term placement for delinquent and/or dependent males in need of drug and alcohol treatment or those in need of dual diagnosis services. Residents begin treatment with orientation programming at the time of admission and transition into their designated program track. Abraxas utilizes a Basic Recovery Orientation Curriculum, which is designed to ensure a minimum level of treatment and education for all clients. It may be used as a starting point for more in depth treatment of AOD issues. The intensive treatment services provide group counseling curriculum consistent of evidence-based curricula from Hazelden, including The Matrix Model® and Living in Balance®.

Juvenile Sex Offender Programming – 10 beds

The behavioral healthcare program is based on a 9-12 month residential stay which includes mental health treatment and partial hospitalization programming. Specialized treatment for juvenile sex offenders and youth with sexually abusive behavior includes a continuum of services chosen for each youth is based on several concerns: community safety, the victim's safety, the youth's assessed treatment needs, and factors that enhance or reduce the risk for re-offense. Programming includes individual and group behavioral health counseling and therapy, mental health assessment, pharmacological management and partial hospitalization group sessions. Substance abuse treatment and psychiatric services will be supplemented in the service planning based on the needs of the youth and family.

Since The Audit: The GEO Abraxas Ohio facility was found to be non-compliance with one (1) standard at the time of initial report of findings was issued. Since that time, GEO Abraxas Ohio has provided additional documentation and updated their website that has resulted in the agency/facility now being PREA compliant. Details of the change made to achieve compliance are discussed in the individual standard.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards Not Applicable: 1

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment

- 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 standard states:

- a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.
- b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.
- c) Where 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

Reviewed policies/documents

- 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program p. 1;
- 5.1.2-B Corporate PREA Policy/Procedure pp. 1,3-5,6,7 (B) 2, 24,25, , III A-D,M (1-2)
- LD-05 Sexually Abusive Behavior Prevention and Intervention p. 1
- Employee Handbook
- Corporate and Facility Organizational Charts

Interviewed PREA Corporate Compliance Coordinator and PREA Compliance Manager

Standard 115.312: Contract 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

The standard states:

- a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.
(N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)
- b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Abraxas Ohio does not contract with private agencies or other entities for the confinement of residents.

Standard 115.313: Supervision and Monitoring

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

The standard states:

a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances

c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

e) Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Reviewed policies/documents:

- TX-13 Shift Plans/Supervision of Clients and Activities pp. 1-2, 4-7
- PREA Annual Facility Assessment
- Ohio Department of Youth Services Guidelines p. 17
- SO-01 JSO Program Description/Plan for Professional Services pp 1-2
- TX-19 Client Headcounts and Guard 1 pp. 1-2
- Ohio Governmental Code OAC-3793:2-5-01 Residential treatment program certification

Reviewed documentation of Supervisory Unannounced Rounds, Camera Review Check documents and PREA Annual Facility Assessment.

Reviewed physical plant design with video monitoring capabilities (54 video cameras).
The average daily number of residents was 98.
Interviewed Facility Director, PREA Compliance Manager, and Mid-management facility staff.

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 standard states:

- a) The facility shall not conduct cross-- gender strip searches or cross--gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.
- b) The agency shall not conduct cross-- gender pat--down searches except in exigent circumstances
- c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.
- d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing
- e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner
- f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security need

Reviewed policies/documents:

- RI-13 Resident searches p. 1
- GEO PREA Training Curricula, Training logs and Completion of Training Certificates
- TX-13 Shift Plans/Supervision of Clients and Activities, pp. 1-2

Interviewed security staff and residents. Staff stated the facility prohibits pat-down/strip searches as outlined in policies/training received and residents stated that they had not received pat-down/strip searches at any time during their stay. Staff and residents also stated that when female staff enters the living units, they announce their presence. Residents stated they were always given privacy when using the restroom facilities or in their bedrooms.

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

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

- Does NOT meet Standard (requires corrective action)

The standard states:

- a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.
- b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first--response duties under § 115.364, or the investigation of the resident's allegations

Reviewed policies/documents:

- TX-16 Client Communication Assistance pp. 1-2
- Abraxas Youth Safety Guide (English/Spanish)
- Sexual Assault Awareness Program Resident Guide (English/Spanish)

Reviewed MOU and CRIS Interpreting Services Invoice

Interviewed Ohio Director, Facility Director and random staff who stated if residents with disabilities and/or who are limited English proficient shall be provided with assistance at any time as necessary. There have been no incidences of interpreters needed during the review period.

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)

The standard states:

- a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who-
 - (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

- b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
- c) Before hiring new employees who may have contact with residents, the agency shall:
 - (1) Perform a criminal background records check;
 - (2) Consult any child abuse registry maintained by the State or locality in which the employee would work;
 and
 - (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.
- e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.
- f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
- g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure p.8 C (2) a-c, e, (4) c
- PREA Policies/Procedures memorandum from VP of Employer and Labor Relations to all HR Directors
- Samples of criminal record background checks, GEO Employee Handbook, criminal background checks of staff promotions

Interviewed Administrative staff for hiring practices who stated criminal background checks are regularly conducted on new hires/promotions/contractors of those who may come into contact with residents.

Standard 115.318: Upgrades to facilities and technology

- 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 standard states:

- a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.
- b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Reviewed policies/documents:

- 101-12 Camera Surveillance
- November 2013 installation invoice of additional CCTV cameras/DVR

Interviewed Ohio Director, Facility Director

Standard 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 standard states:

- a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
- c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
- d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member.
- e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals
- f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.
- g) The requirements of paragraphs (a) through (f) of this section shall also apply to:
 - (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
 - (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.
- h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Reviewed policies/documents:

- LD-06 Facility Response Plan Following Resident Report p. 3
- Statement of Fact,
- Rape Crisis Resources listing,
- Community Rape Crisis Center Referral Log,
- Youth Handbook,
- Facility posters for Sexual Assault Services Program
- Letter sent to Richland County Sheriff's Department
- MOU with The Domestic Violence Shelter

Telephone calls made by auditor to Richland County Sheriff's Department and The Domestic Violence Shelter
Interviewed PREA Compliance Manager, Facility Director, PREA Compliance Manger, random staff and residents

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

The standard states:

- a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment
- b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.
- c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.
- d) Any state entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.
- e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

Reviewed policies/documents:

- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, p. 4
- LD-05 Sexually Abusive Behavior Prevention and Intervention (PREA) p. 1
- RI-01 Child Abuse/Neglect Reporting, p. 2
- Major Unusual Incidents reports of allegations and referrals
- MOU to Richland County Sheriff's Department
- Richland County Children Services Referral Reply
- Ohio Department of Jobs and Family Services – Child Abuse and Neglect Procedures
- PREA policy on GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea)

Interviewed Ohio Director, Facility Director, PREA Compliance Manager, random staff, random residents

In the past 12 months, there were five (5) allegations of sexual abuse or harassment of which three (3) resulted in administrative investigations and two (2) were referred for criminal investigations. Of the administrative investigations, one (1) was substantiated. Of the 2 criminal investigations, one (1) was screened out for criminal investigation and one (1) remains open.

Standard 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)

The standard states:

- a) The agency shall train all employees who may have contact with residents on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Relevant laws regarding the applicable age of consent.

b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents or vice versa.

c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Reviewed policies/documents:

- 5.1.2-B Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Services Facilities p. 11-13
- Prison Rape Elimination Act (PREA) Employee Training Curriculum – Objectives 1-10
- Employee/Volunteer Basic Training Acknowledgements
- Sample of training records
- Staff meeting minutes providing information about PREA between training sessions

Interviewed random staff, facility trainer, PREA Compliance Manager

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)

The standard states:

a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures

b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents

- c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Reviewed policies/documents:

- Prison Rape Elimination Act (PREA) Volunteers and Contractors Training Curriculum
- Employee/Volunteer Basic Training Acknowledgements

Interviewed random contractors who confirmed the receipt of and documented appropriate PREA training

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)

The standard states:

- a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- b) Within 10 days of intake, the agency shall provide comprehensive age-- appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
- c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.
- d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
- e) The agency shall maintain documentation of resident participation in these education sessions.
- f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Reviewed policies/documents:

- 5.1.2-B Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Services Facilities p. 10-11
- Policy CC-03 Continuum of Care, p. 2, 4, 6
- Abraxas Youth Safety Guide
- Ohio DYS Youth Safety Guide
- GEO Sexual Assault Awareness Program Guide
- Resident handbook, specifically information on PREA
- PREA posters posted on all living units
- Laminated pocket cards with the agency's zero tolerance policy and reporting procedures
- Facility Director Statement of Fact

Interviewed intake staff and random residents

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 standard states:

- a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.
- b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.
- d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Reviewed policies/documents:

- 5.1.2-B Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Services Facilities p. 12-13
- GEO PREA Specialized Investigation Training Curriculum
- Training records/acknowledgements and Certificates

Interviewed PREA Compliance Manager, investigative staff, telephone call to Richland County Sheriff's Office

As noted earlier in this report, the facility, ODJFS and individual county social service agencies conduct administrative investigations and the Richland County Sheriff's Office conducts criminal investigations.

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 standard states:

- a) The agency shall ensure that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
 - (1) How to detect and assess signs of sexual abuse and sexual harassment;
 - (2) How to preserve physical evidence of sexual abuse;
 - (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment and;
 - (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.
- c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.
- d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Reviewed policies/documents:

- 5.1.2-B Sexually Abusive Behavior Prevention and Intervention Program (PREA) Youth Services Facilities p. 12
- Prison Rape Elimination Act (PREA) Employee Training Curriculum – Objectives 1-10
- PREA Specialized Medical/Mental Health Training Acknowledgement

Interviewed medical and mental health staff

The agency does not conduct forensic examinations; rather they will be conducted at MedCentral Hospital should those examinations be required.

Standard 115.341: Screening for risk of victimization and abusiveness

- 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 standard states:

- a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.
- b) Such assessments shall be conducted using an objective screening instrument.
- c) At a minimum, the agency shall attempt to ascertain information about:
 - (1) Prior sexual victimization or abusiveness;
 - (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
 - (3) Current charges and offense history;
 - (4) Age;
 - (5) Level of emotional and cognitive development;
 - (6) Physical size and stature;
 - (7) Mental illness or mental disabilities;
 - (8) Intellectual or developmental disabilities;
 - (9) Physical disabilities;
 - (10) The resident's own perception of vulnerability; and
 - (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.
- e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure pp.9-10, 24.
- PE-01 Assessment p.2 (6)
- Screening for the Risk of Victimization and Sexually Aggressive Behavior Instrument
- Resident Handbook
- Completed Screening Tool.
- Youth records

Interviewed Corporate PREA Compliance Coordinator, PREA Compliance Manager, staffs responsible for risk screening, random residents. Interviews confirmed the facility does not permit the use of isolation, residents are screened within 72 hours or earlier of placement at Abraxas and screened monthly thereafter. There were no youth identified as lesbian, gay, bisexual, transgender or intersex.

Standard 115.342: Use of screening information

- 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 standard states:

- a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.
- b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician.
Residents shall also have access to other programs and work opportunities to the extent possible.
- c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems
- e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.
- f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration
- g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
(1) The basis for the facility's concern for the resident's safety; and
(2) The reason why no alternative means of separation can be arranged.
- i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure pp. 9-10, 24
- PE-01 Assessment p.2

Interviewed Facility Director, Corporate PREA Compliance Coordinator, PREA Compliance Manager, staffs responsible for risk screening, medical/mental health staff, and random residents. Interviews confirmed the facility does not permit the use of isolation, no youth had identified themselves as lesbian, gay, bisexual, transgender or intersex and that housing/bed/program assignments are based upon screening information.

Standard 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 standard states:

- a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual

harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

d) The facility shall provide residents with access to tools necessary to make a written report.

e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure pp. 16-17
- Staff Handbook
- Resident Handbook, Abraxas Youth Safety Guide (p. 5),
- Ohio Department of Youth Services Youth Safety Guide (p.11),
- Facility posters - Sexual Assault Services Program
- Third Party Reporting Fact Sheet – English and Spanish
- Laminated reminder cards residents' rights regarding sexual harassment/abuse which each resident carried on his person

Interviewed PREA Compliance Manager, random residents/staff. Interviews and observations confirmed multiple ways of private/verbal/third party allegation reporting (to include staff neglect/violation of responsibilities) and the facility does not house residents for civil immigration.

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 standard states:

- a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.
- b) (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired
- c) The agency shall ensure that
 - 1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
 - 2) Such grievance is not referred to a staff member who is the subject of the complaint.
- d) (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.
- e) (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- (2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.
- f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure pp. 16-17
- RI-03 Client and Family Grievances, pp. 4-5
- Grievance forms
- Resident Handbook

There were no grievances or third-party reports alleging sexual abuse during the review period.

Standard 115.353: Resident access to outside confidential support 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 standard states:

- a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephones, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

- b) The facility shall 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.
- c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
- d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 22
- RI-12 Client Rights, p. 3-5
- Rape Crisis Resources telephone and address list
- MOU with The Domestic Violence Shelter
- Community Rape Crisis Center Referral Log
- Sexual Assault Services Program posters on living units
- Resident Handbook, Abraxas Youth Safety Guide (p. 5)
- Ohio Department of Youth Services Youth Safety Guide (p.11)
- Third Party Reporting Fact Sheet – English and Spanish
- Third-party reporting method – www.geogroup.com

Interviews with random residents, Facility Director and PREA Compliance Manager

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)

The standard states:

- a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Reviewed policies/documents:

- Third Party Reporting Fact Sheet – English and Spanish
- Official agency website for third-party reporting method – www.geogroup.com

Standard 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 standard states:

- a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation

against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

- b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws
- c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.
- d) (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.
(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality
- e) (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.
- f) The facility shall report all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports, to the facility's designated investigators.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 17 (4)
- LD-06 Facility Response Plan Following Resident Report
- Protection from Retaliation Logs – Alleged Victim and Reporter
- PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment
- RI-01 Child Abuse/Neglect Reporting, p. 1/2
- 5.3.1 Corporate Staff Misconduct Policy,
- 5.3.1-A Corporate Staff Misconduct Reporting Procedure, -p. 1-5
- Major Unusual Incidents Reporting form
- Serious Incident Report alleging staff misconduct report to authorities

Interviews of Facility Director, PREA Compliance Manager, Medical/Mental Health staffs, random staff

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 standard states:

- a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 18
- LD-06 Facility Response Plan Following Resident Report, p. 2

One (1) incident of immediate action required concerning allegation of sexual contact with staff/client investigated by Hamilton County JFS determined unsubstantiated.

Interviews with Abraxas Ohio Director, Facility Director, random staff

Standard 115.363: Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- X** 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 standard states:

- a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.
- b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- c) The agency shall document that it has provided such notification.
- d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 21

Interviews with Abraxas Ohio Director and Facility Director

No instances of abuse allegations while resident confined at another facility

Standard 115.364: Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X** 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 standard states:

- a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:
 - (1) Separate the alleged victim and abuser;
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
- b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 18-20
- LD-06 Facility Response Plan Following Resident Report, p. 2,4

Two (2) allegations of sexual abuse were reported/investigated and determined unfounded

Interviews with first responders and random staff

Standard 115.365: Coordinated response

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

The standard states:

- a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Reviewed policies/documents:

- LD-06 Facility Response Plan Following Resident Report, p. 1-8

Interview with Facility Director

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)

The standard states:

- a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
- b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:
 - (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of Standard 115.372 and 115.376; or
 - (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Reviewed policies/documents:

- 5.1.2-B Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Services Facilities, p. 2
- Statement of Fact – The facility does not have a collective bargaining unit
- Interview with Abraxas Ohio Director

There are no labor unions or collective bargaining groups at the facility. There have been no new or renewed contracts in the past year; however, any contracts developed or renewed will allow alleged staff sexual abusers to be removed from contact with residents pending the outcome of the investigation and a determination of discipline.

Standard 115.367: Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- X** 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 standard states:

- a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
- b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- d) In the case of residents, such monitoring shall also include periodic status checks.
- e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
- f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p 23
- LD-05 Sexually Abusive Behavior Prevention and Intervention (PREA), p. 1
- LD-06 Facility PREA Response Plan Following Resident Report, p. 2
- Protection from Retaliation Log

Interviewed GEO Ohio Director, Facility Director, Designated Staff Member Charges with Monitoring Retaliation. There were no incidents of retaliation occurring in the past 12 months. The facility does not utilize isolation. There were no residents at the facility who reported a sexual abuse incident at the time of the audit.

Standard 115.368: Post allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X** 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 standard states:

- a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

Reviewed policies/documents:

- LD-06 Facility PREA Response Plan Following Resident Report, p. 4

Interviewed the Facility Director, Medical and Mental Health Staff. The facility does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse.

Standard 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 standard states:

a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or sexual harassment. See 115.321 (a))

b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution

f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation

g) Administrative investigations:

1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Reviewed policies/documents:

- LD-05 Sexually Abusive Behavior Prevention and Intervention (PREA), p. 1
- 5.3.1 Staff Misconduct Policy, p. 1
- 5.3.1-A Staff Misconduct Reporting, pp. 1-5
- Facility PREA Investigation Report
- Major Unusual Incidents Report
- Monthly PREA Incident Tracking Log

Interviewed Facility Director, Corporate PREA Compliance Coordinator, PREA Compliance Manager, Investigative staff. There were no residents assigned to the facility who reported a sexual abuse allegation.

Standard 115.372: Evidentiary standards 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 standard states:

a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Reviewed policies/documents:

- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, p. 6
- Statement of Fact

Interviewed Facility Director, PREA Coordinator, PREA Compliance Manager, investigative staff

Standard 115.373: Reporting to residents

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

The standard states:

a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the

allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

e) All such notifications or attempted notifications shall be documented.

f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Reviewed policies/documents:

- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, p. 10-11
- Notification of Outcome of Allegation
- Statement of Fact

There were three (3) PREA related allegations. Two (2) unfounded and one (1) was substantiated.

Interviewed Facility Director, Investigative staff. There were no residents at the facility who had reported alleged sexual abuse.

Standard 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)

The standard states:

a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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 for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Reviewed policies/documents:

- LD-05 Sexually Abusive Behavior Prevention and Intervention p. 1
- Employee Handbook
- Employee Handbook Acknowledgement

Investigation of two (2) staff sexual abuse/harassment allegations were conducted by external investigators and neither were founded. Violations of agency policy of were confirmed and both staff was terminated and both individuals were reported to the local law enforcement agency.

Interviewed the PREA Compliance Manager

Standard 115.377: Corrective action for contractors and volunteers

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

The standard states:

- a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
- b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, pp. 13-14
- LD-05 Sexually Abusive Behavior Prevention and Intervention p. 1
- Statement of Fact - There were no allegations concerning contractors/volunteers during the review period.

Interviewed Facility Director

Standard 115.378: 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 standard states:

- a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician.
Residents shall also have access to other programs and work opportunities to the extent possible.
- c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.
- e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation

- g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, pp. 24-25
- TX-02 Behavior Intervention/Level System, p. 4,7,10
- Statement of Fact – There has not been any substantiated resident on resident or resident with staff sexual abuse.

Interviewed Facility Director, Medical and Mental Health staff

Standard 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 standard states:

- a) If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
- b) If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.
- d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 9
- PE-01 Assessment p. 2
- Statement of Fact - There were no residents who disclosed prior victimization during screening.

Interviewed staff responsible for risk screening, medical/mental health staff. There were no residents who disclosed prior victimization during screening.

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 standard states:

- a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is

made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 21
- PE-01 Assessment p. 2
- Statement of Fact - There were no residents who disclosed prior victimization during screening.

Interviewed medical/mental health staff and first responder staffs.

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)

The standard states:

a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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

h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 22-23
- Statements of Fact - There were no residents victimized by sexual abuse who required ongoing medical or mental health services.

Interviewed medical/mental health staff

Abraxas is a male only resident facility.

Standard 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 standard states:

- a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- c) The review team shall include upper-- level management officials, with input from line supervisors, investigators, and medical or mental health practitioners
- d) The review team shall:
 - (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)--(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 23
- PREA After-Action Review Report
- PREA After Action Checklist for Incidents of Sexual Abuse and Harassment

Interviewed Facility Director, PREA Compliance Manager, Incident Review Team members

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)

The standard states:

- a) and c) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice
- b) The agency shall aggregate the incident--based sexual abuse data at least annually
- d) The agency shall maintain, review, and collect data as needed from all available incident--based documents, including reports, investigation files, and sexual abuse incident reviews.
- e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. (N/A if agency does not contract for the confinement of its residents)

f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 25
- PREA Incident report Survey
- Monthly PREA Incident Tracking Log

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 standard states:

- a) The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 - (1) Identifying problem areas;
 - (2) Taking corrective action on an ongoing basis; and
 - (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.
- c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.
- d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 25

Interviewed Ohio Director, Facility Director, Corporate PREA Compliance Coordinator, PREA Compliance Manager

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 standard states:

- a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.
- b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.
- c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.
- d) The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the

date of its initial collection unless Federal, State, or local law requires otherwise.

Reviewed policies/documents:

- 5.1.2-B Corporate PREA Policy/Procedure, p. 25

Interviewed Corporate PREA Coordinator

The auditor recommended that the agency make aggregated sexual abuse data from the Abraxas facility readily available to the public at least annually through its website or other means. Several alternatives were discussed that if implemented would serve to demonstrate compliance with this standard. The auditor was informed that GEO had requested a formal legal opinion from DOJ and the National PREA Resource Center on whether the governmental agency or GEO as a contractor is the proper authority to publish data on our public website. The agency is awaiting a response.

The auditor referred Abraxas/GEO to the PREA Resource Center Frequently Asked Questions which states:

CONTRACTS – Item #6 - Is an agency that holds inmates on behalf of another agency pursuant to a contract responsible for posting the data and reports described in § 115.87, § 115.88, and § 115.89 on its own website, in addition to reporting that information to the agency with which it holds the contract?

Yes. § 115.87, § 115.88, and § 115.89 require the agency to collect and post certain data and reports on its website or, if it does not have a website, to make the data available through other means.

“Agency” (§ 115.5) means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Therefore, a contracting agency is required to do the following with the data described in § 115.87, § 115.88, and § 115.89:

The parent agency in the contractual relationship is also required to post the data from the contracting agency on its website or, if it does not have a website, to make it available through other means.

Since the audit:

In December 2014, GEO posted the required 2012 and 2013 Annual PREA Reports which include data collected and aggregated from all of its required facilities to include the Abraxas Ohio facility. These actions demonstrate compliance with this standard. The required reports are posted on the agency’s website.

Any questions about PREA standards, required documentation or process please refer to the PREA Resource Center website under Juvenile Standards.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Glen E. McKenzie, Jr.

December 30, 2014

Auditor Signature

Date