

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Abraxas Youth Center			
Physical Address: 10058 South Mountain Road – Building #3, South Mountain, PA 17261			
Date report submitted: September 8, 2016			
Auditor information: Charles J. Kehoe			
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Telephone number: (804) 873-4949			
Date of facility visit: February 10 – 12, 2016			
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number: (717) 749-3066			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> XX Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
Facility Type:	<input type="checkbox"/> XX Detention (Juvenile)	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> XX Other: Residential Treatment Center
Name of PREA Compliance Manager: Maggie Dowling	<input type="checkbox"/>	<input type="checkbox"/> Title: PREA Comp Mgr./QCS	PREA Com Mgr.
Email Address: mdowling@abraxasyfs.com		Telephone Number:	(717) 749-2614
Agency Information			
Name of Agency: The GEO Group, Inc.			
Governing Authority or Parent Agency: <i>(if applicable)</i>			
Physical Address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487			
Mailing Address: <i>(if different from above)</i>			
Telephone Number: 561-999-5827			
Agency Chief Executive Officer			
Name: George C. Zoley	Title:	Chairman of the Board and CEO	
Email Address: gzoley@geogroup.com	Telephone Number:	561-893-0101	
Agency Wide PREA Coordinator			
Name: Phebia Moreland	Title:	Director of Contract Compliance	
Email Address: pmoreland@geogroup.com	Telephone Number:	561-999-5827	

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Abraxas Youth Center (here after referred to as AYC) operated by Abraxas, a GEO Group Company, was conducted from February 10 – 12, 2016, in South Mountain, Pennsylvania. The designated auditor was Charles J. Kehoe of Midlothian, Virginia.

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

This is a 72-bed, shelter care, juvenile detention and residential treatment facility that provides treatment and support services to young people who have serious behavioral issues.

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

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

Dr. Cole and the auditor arrived at the facility on February 10, 2016 at 7:50 a.m. and were met by Mr. Grassmyer. An Entrance Meeting was held at 8:19 a.m. with the administrative team. Dr. Cole, Ms. Gerak, Mr. Grassmyer, Ms. Dowling, and Ms. Kennedy were in attendance. The Facility Director welcomed the auditor and provided an overview of this facility. The auditor thanked the GEO PREA Coordinator and the Abraxas/GEO leadership team for being involved in the PREA certification process. He then reviewed the audit process, the audit schedule, and gave the Facility Director and PREA Compliance Manager the lists of employees and residents selected for Random Interviews. The lists of specialized staff and youth in specialized categories were also given to them. The Entrance Meeting ended at 9:23 a.m.

The site review of the facility began at 9:30 a.m., following the Entrance Meeting. Accompanying the auditor on the tour were Mr. Grassmyer, Ms. Dowling, Dr. Cole, and Ms. Gerak. All areas where residents may be found were reviewed. The site review ended at 10:50 a.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 61 residents in the facility. There were 14 in shelter care, 17 in detention, and 30 in the secure treatment program. Fifty-five of the residents were male and six were female. Eleven (11) residents were selected for random interviews. Eight (8) residents were interviewed who were identified as being in the special categories. No resident reported sexual abuse or harassment. One (1) resident who was identified as being disabled was interviewed. Two (2) residents who identified as being transgender, lesbian, or gay were interviewed and two (2) residents who disclosed a prior sexual victimization during screening were interviewed. There are no isolation rooms in this facility.

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

named Women-in-Need as the agency that provides emotional support. The residents acknowledged that they have seen the Women-in-Need posters that are placed throughout the facility. It is clear that the AYC is making the information available to the residents. Residents stated they are informed about PREA during intake. A more in-depth PREA education program is provided two or three days after intake, during orientation. During this time, residents are offered ample opportunity to ask questions. Several residents also stated that PREA is discussed during group meetings two or three times a month. All the residents reported that they felt safe in this facility and that they are treated well by the staff.

At the time of the audit, the AYC had 102.5 FTEs authorized in the Budget. Ten staff were randomly selected by the auditor from all shifts and were interviewed. Seventeen interviews were conducted with staff or contractors in 12 specialized areas and included the Facility Director, the PREA Compliance Manager, an intermediate level or higher level supervisors (2), medical and mental health professionals (3), the Human Resources manager, volunteers and contractors who have contact with residents (3), the facility investigator, the staff member who Performs Screening for Risk of Victimization and Abuse, an Incident Review Team member, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, and the Intake Staff. Since this is a moderate sized facility, some staff have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area. In addition to these interviews, the auditor also interviewed a Pennsylvania State Police Trooper who is familiar with the facility and with PREA. The GEO PREA Coordinator was interviewed earlier by another auditor during another GEO audit.

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

The staff reported that they have received the required PREA Training. Several staff said they were confused about the training regarding cross-gender searches and searches of transgender and intersex residents. The Pennsylvania Department of Human Services issued a memorandum stating the facilities were not permitted to conduct hands-on (pat-down) searches of residents and never allowed to conduct cross-gender, transgender, or searches of intersex youth and thus the facility did not train staff as required in the standard. On April 6, 2016 the training curriculum had been amended to include training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in an exigent circumstance.

Allegations of sexual abuse are investigated by the Pennsylvania State Police (PSP), Pennsylvania Department of Human Services (DHS), Office of Children, Youth and Families, the AYC investigators, and the Office of Professional Responsibility at the GEO Group corporate office. The auditor reviewed 4 PREA investigation files, with the facility investigators, that were reported in 2015. Of the 4 allegations, 2 alleged sexual abuse (one resident-on-resident and one staff-on-resident) and 2 alleged resident-on-resident sexual harassment. The allegation of staff-on-resident sexual abuse was determined to be unfounded. The allegation of resident-on-resident sexual abuse was substantiated. Of the two resident-on-resident sexual harassment investigations, one was substantiated and the other was unsubstantiated. The investigations reports were very thorough and completed in a very timely period.

During the audit, the auditor called the Pennsylvania Childline to see if the number was operational. The auditor did speak to a Childline staff. When the auditor explained who he was and that he was testing the system, he asked the staff person if she was familiar with PREA. She said she was not aware of PREA, but that they would take a call from a resident of any facility, as they would any other report of child abuse.

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

The auditor reviewed five personnel files to document that background checks, including child abuse registry checks, are conducted on all new employees and that five year criminal background checks are current for all staff and contractors. Employees acknowledged at the time of hire, during annual evaluations, and during any promotions that they have not been involved in behaviors listed in 115.317. Employees who are promoted have another criminal background check. AYC also documented that volunteers and contractors who have contact with residents have the appropriate background checks. Contractors are also required to acknowledge the statements in 115.317.

Four training files were also reviewed and found that employees received and understood the required PREA training. Employees received four hours of initial PREA training and four hours of refresher training, annually. Staff who are in the specialized categories receive an additional four hours of training, two-hours during their orientation and two-hours refresher training, annually.

Five juvenile files were also examined and found to document that the residents had received PREA training, and received the screening for risk of sexual victimization and abusiveness. Three residents had also received the follow-up a reassessments (two youth had received 7 reassessments and one received two reassessments). Investigation notices and documents that monitored for retaliation were reviewed in other investigation documents.

The facility has a total of 40 cameras. Eight cameras were added in 2015 to increase supervision and enhance sexual safety. The auditor reviewed videos from the cameras on two units that had been recorded prior to the audit. The auditor found the clarity of the videos to be good.

The facility does not use isolation.

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

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

An Exit Meeting was convened at 12:30 p.m. on February 12, 2015, when the on-site audit was completed. Dr. Cole, Ms. Gerak, Mr. Grassmyer, Ms. Dowling, were in attendance. Also attending was Brian Dean, Program Manager; Jennifer Barnhart, Clinical Director; and Cory Evans, Facility Investigator. Phebia Moreland, GEO PREA Coordinator participated by phone. The auditor thanked all the leadership and staff of the AYC and the leadership of GEO/Abraxas. The auditor gave an overview of the audit and stated that he now believed there was only one standard that needed additional documentation of implementation. While he could not give a final finding the auditor stated that overall the audit was very well organized and that it was obvious that AYC had incorporated the PREA Standards into the facility's operating procedures and organization. The Exit Meeting ended at 1:25 p.m.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Abraxas Youth Center is a multi-service 72-bed facility located on the grounds of the South Mountain Restoration Center, South Mountain, Franklin County, Pennsylvania. Abraxas Youth Center is licensed by the Department of Public Welfare, Bureau of Human Services Licensing (DPW).

Programs include Secure Detention for delinquent males and females between 10 and 18 years of age (18-beds), Shelter Residential for delinquent/dependent males and females between 10 and 18 years of age (18-beds), and the Fire Setter and Sex Offender Program for delinquent males between 12 and 18 years of age (36-beds). The Detention and Shelter programs focus on short-

term, resident development activities that are designed to assist clients in transitioning into a program of treatment. The Fire Setter and Sex Offender Program provides offense-cycle treatment and relapse prevention services. The average length of stay in the Fire Setter and Sex Offender Program is 14 months.

Secure Detention

The primary goal of Secure Detention is to provide safe, secure, 24-hour out-of-home care to adjudicated or pre-adjudicated youth until further disposition is determined by the Juvenile Court.

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

Shelter

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

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

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

AYC Diagnostic Services

Abraxas Youth Center offers residential diagnostic placement services through both the secure Detention unit and the non-secure Shelter unit. The objective of the diagnostic program is to conduct a comprehensive 45-day evaluation, including behavioral observations, social history summary, and a multitude of independent evaluations to include psychological and psychiatric evaluations, ERASOR, ABEL, Trauma Screens, suicide assessment, fire assessment, D & A assessment, and educational assessments. The diagnostic team formulates a comprehensive list of treatment goals and objectives and placement recommendations into an effective treatment plan. The completed diagnostic evaluation is provided to the referral agency and/or court with specific recommendations for continuum of care.

Fire Setter/Sexual Offender Treatment

The Fire Setter/Sexual Offender Treatment Program targets delinquent youth with fire setting histories, and/or sexual offenses. The treatment program works on correcting dysfunctional thoughts, working through primitive feelings, and changing behaviors that increase risks of re-offending.

Abraxas believes that this treatment is best accomplished by taking a multi-dimensional focus. Consequently, treatment of this population is holistic and will address several problem areas simultaneously. Program length of stay will vary and remains dependent upon the individual need of the resident, prognosis for success upon re-entry to the community, and the approval of the committing juvenile court.

The AYC program focuses on treatment of juvenile fire setters, juvenile sexual offenders, and those juveniles who have a history of both fire setting and sexual offending behaviors. Given what is known about the clients' thinking, attitudes and behaviors, it is clear that a high degree of structure and supervision is essential to ensure a safe and secure environment and create a climate in which clients can grow and develop. The staff also know that the clients have the best opportunity for growth and development when they are involved in programming that insures a high degree of constructive activity; when high expectations are established; when the residents are held accountable for positive growth and movement toward these expectations, and when the program, as the vehicle of change, responds in a manner that models the behaviors the facility teaches. AYC also believes that when clients and staff work together in a supportive relationship; when residents are treated with dignity and respect; and when a physical environment is created that is conducive to treatment then change can occur in the residents. Therefore, a strong, treatment oriented behavioral change program is an essential component of an effective treatment program.

Clients in the Fire Setter/Sex Offender program participate in both individual and group counseling. The group counseling is dictated by an extensive 52-week curriculum that includes weekly groups in Aggression Replacement Training, Thinking Errors, Drug and Alcohol Education, and Family Groups.

A licensed, private on-site education program operates year round and offers a potential of earning a high school diploma, opportunity to enroll in the GED track, an opportunity to earn credits toward graduation, Microsoft certification, and additional life skills learning opportunities.

SUMMARY OF AUDIT FINDINGS:

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

Standard Prevention Planning

§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

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

The AYC policy states:

"Abraxas South Mountain Programs mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers, or Contractors and Residents regardless of consensual status is prohibited and subject to administrative as well as criminal and disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that Abraxas strictly prohibits any type of sexual relationship with Residents. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements. These inappropriate relationships with Residents will not be tolerated."

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

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

The AYC PREA Compliance Manager is Magdalene Dowling. She stated she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Facility Standards. The PREA Compliance Manager position is illustrated on the AYC table of Organization.

Standard

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

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

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

Standard

§ 115.313 Supervision and monitoring

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

Prior to the audit, the auditor was provided the AYC PREA Annual Facility Assessment (staffing plan) dated October 22, 2015. The facility has had no findings of inadequacy from any court or Federal investigative agency. The Facility Assessment describes all components of the facility's physical plant. The assessment identified areas that needed enhancements, including "blind spots in stairwells and outside of elevators and three doors to rooms clients regularly enter that did not have windows, which creates blind spots." As previously mentioned, the resident population includes 36 secure fire setter/sex offender beds, 18 detention beds, and 18 shelter beds.

The staffing ratio in the secure treatment and detention programs is 1:6 during waking hours and 1:16 during sleeping hours. In the non-secure shelter program the ratio is 1:8, but most often exceeds that ratio.

The Annual Facility Assessment also described the number and placement of supervisory staff. A separate table illustrates the AYC Budgeted FTE Report.

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

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

The assessment reported that there were 5 PREA allegations from October 2014 –2015; 1 substantiated, 2 unsubstantiated, 1 unfounded, and 1 on-going.

AYC has a facility camera map that identifies the location of each camera in the facility. As previously reported, eight cameras have been placed in the facility bringing the total to 40 facility-wide.

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

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

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

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

Standard

§ 115.315 Limits to cross-gender viewing and searches.

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

The Commonwealth of Pennsylvania strictly prohibits cross-gender searches even by medical professionals. Touching residents during a search is prohibited.

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

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

At the time of the audit, the auditor found some confusion among staff members about the PREA standard and the AYC policy and procedures. Some staff said that a transgender youth could express a preference as to being searched by male or female staff. Other staff said it is the gender of the resident that determines the gender of the staff that will conduct the search. The staff said they had training and discussion about searching transgender youth and were also told that cross-gender searches would not happen at AYC which operates under the regulations of the Commonwealth of Pennsylvania. The staff said the training on searching residents did not cover how to actually conduct a cross-gender search or search of transgender youth in a professional and respectful manner. The auditor found that AYC did not meet the standard because the standard requires "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 needs." At the exit meeting, the agency felt that it met the standard to the extent they are allowed by Pennsylvania regulations. The PREA Coordinator and the auditor agreed to consult with the PREA Resource Center (PRC).

On March 25, 2016, at 11:45 a.m. (EST), the PREA Coordinator and the auditor held a conference call with Dr. Scott Catey at the PRC regarding Standard 115.317(f). After considerable discussion about the Pennsylvania regulations that prohibit all cross-gender searches, Dr. Catey stated Abraxas should amend the training to include information on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in exigent circumstances, as the standard requires. The auditor agreed and the PREA Coordinator stated the training curriculum would be changed to include this additional training.

The PREA Coordinator provided documentation on April 6, 2016 that the training curriculum had been amended to include training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in an exigent circumstance.

During random interviews, all residents told the auditor that staff announces their presence when they enter a resident housing area. In random interviews with staff, all the staff reported that they announce their presence when entering a housing area. Residents stated they are never naked in full view of staff of the opposite gender. The facility meets the requirement of the standard.

Standard

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

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

Abraxas Policy states:

"Abraxas Programs will attempt to provide reasonable accommodations for any resident or resident's family with limited English proficiency. This policy will be in accordance with the Civil Rights Act of 1964, which prohibits discrimination based on race, color, religion, sex, or national origin."

The Guidelines specify:

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

The auditor was shown the notice staff is given which provides direction on how to access the Language Line Solutions phone number and account information.

At the time of the audit, one resident in the program was identified as being low functioning. The resident was interviewed and told the auditor he was shown the PREA PowerPoint that all new residents see. He said staff asked if he understood the material and if he had any questions.

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

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

Standard**§ 115.317 Hiring and promotion decisions.**

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

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

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

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

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

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

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

The auditor reviewed five personnel files and confirmed the background checks and statements regarding prohibited behaviors were in the files. The facility also provided the background check information on a contractor.

Standard**§ 115.318 Upgrades to facilities and technologies.**

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

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

The auditor confirmed through the PREA Annual Facility Assessment that since 2014 AYC has made the following improvements in the physical plant to protect residents from sexual abuse:

1. Additional cameras have been added to (a) the recreation yard, (b) the foyer of the Resource Room, (c) the kitchen/food serving area, (d) the walk-in freezer/refrigerator, (e) the dishwashing room, (f) the employee copy room, and (g) outside the front main entrance to eliminate blind spots and provide better coverage. There are now forty cameras throughout the facility.
2. Dome mirrors have been added to the center stairwell, eliminating blind spots.
3. All shower curtains have been shortened so that staff can verify there is only one resident present.
4. Several doors have had windows installed to eliminate blind spots.
5. Policy *AD-15 Staff Boundaries* was updated to clearly state staff members are not permitted to be alone with a client behind a closed door that does not have an unblocked window.

The leadership team also identified some items as potential physical plant enhancements. The following items will be explored further for possible implementation:

1. Insert windows in the following doors to eliminate blind spots: (a) first floor laundry room, (b) second floor laundry room, (c) Shelter Supervisor's Office.
2. Install dome mirrors outside of elevators on all three floors and in the two stairwells that do not yet have mirrors.

Standard Responsive Planning

§ 115.321 Evidence protocol and forensic medical examinations.

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

The AYC policy on reporting sexual abuse states:

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

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

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

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

When the auditor conducted random interviews with staff, all staff described exactly what they would do if a resident reported to the employee that he/she had been sexually abused and how they would preserve evidence. Staff also knew who the internal investigators are in the AYC.

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

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

“WIN is open to receiving referrals through a 24 hour hotline to provide a Sexual Assault Nurse Examiner (SANE) and victim advocacy services during an investigation. WIN can also provide information and referrals for further services to assist a sexual assault victim and his/her family. The need for SANE or a Sexual Assault Forensic Examiner (SAFE) for an investigation will be referred to the Pennsylvania State Police and Summit Health, the operator of the Chambersburg and Waynesboro Hospitals.” The MOU was signed in March of 2015.

The auditor interviewed a Pennsylvania State Trooper who is very familiar with the AYC Program and with PREA. He stated that he has been to the facility on investigations in the past. He stated that Abraxas is a very professional agency.

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

Only two residents were not aware of community-based services that provide emotional support for victims of sexual abuse. Many of the residents knew of WIN, by name. Others knew there were services available in the community but could not remember the name of the agency. The facility has posters displayed throughout that inform residents how they can make contact with WIN.

Standard

§ 115.322 Policies to ensure referrals of allegations for investigations.

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

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

The auditor interviewed the AYC Investigator and reviewed 4 PREA investigation files, with the facility investigator, that were reported in 2015. Of the 4 allegations, 2 alleged sexual abuse (one resident-on-resident and one staff-on-resident) and 2 alleged resident-on-resident sexual harassment. The allegation of staff-on-resident sexual abuse was determined to be unfounded. The allegation of resident-on-resident sexual abuse was substantiated. Of the two resident-on-resident sexual harassment investigations, one was substantiated and the other was unsubstantiated. The allegation of staff-on-resident sexual abuse was reported to the DHS, PSP, and the Office of Professional Responsibility at the GEO Corporate Office.

The auditor found that the PREA Investigator’s reports were very thorough and completed in a timely period.

Standard – TRAINING AND EDUCATION

§ 115.331 Employee training.

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

Staff reported that they had received extensive PREA training during their orientation. The auditor was told staff have the opportunity to ask questions during training. Staff also told the auditor they are given quarterly booster training on PREA. When answering questions about specific training they had received, the staff gave very detailed information about the material that was covered.

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

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

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

The auditor was very impressed by the meticulous detail in the training and the frequency of booster training. AYC exceeds the standard.

Standard

§ 115.332 Volunteer and contractor training.

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

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

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

The auditor interviewed a contractor and a volunteer and confirmed they had received the training and understood it.

The AYC training for contractors and volunteers exceeds the standards.

Standard**§ 115.333 Resident education.**

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

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

Following the intake process, AYC policy states:

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

The Abraxas Youth Safety Guide is a very comprehensive document that is age-appropriate and written at a grade level the residents will comprehend. The information includes the program's zero tolerance policy regarding sexual abuse and sexual harassment and the resident's rights to be free from sexual abuse, sexual harassment, and from retaliation for reporting such incidents. Considerable detail is also provided on how to report sexual abuse or sexual harassment.

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

All the residents the auditor interviewed reported they received the PREA orientation when they arrived and the training the first few days after intake. The auditor reviewed five residents' files and confirmed the acknowledgement documentation was present.

Standard**§ 115.334 Specialized training: Investigations.**

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

The Investigator reported that he completed the specialized training for investigators in June 10, 2015. GEO/Abraxas investigators completed a very comprehensive web based course taught by the PREA Coordinator that was developed by the PREA Resource Center and The Moss Group for investigators. The auditor reviewed the lesson plans for this course that totaled 145 pages. The curriculum provided great detail on all facets of investigating sexual abuse and sexual harassment in confinement facilities including how to collaborate with the forensic team and a victim advocacy agency, law enforcement and the legal issues involved in conducting these types of investigations. Documentation was given to the auditor that confirmed the investigator completed the basic PREA training and the specialized investigator training. An acknowledgement was also provided in writing that confirmed the employee had received and understood the investigator training. There are five

AYC staff who have received the Investigator Training. Because of the professional quality of this training and the all-inclusive scope of the curriculum, the auditor finds AYC exceeds the requirements of this standard.

Standard

§ 115.335 Specialized training: Medical and mental health care.

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

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

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

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

Standard Screening for Risk of Sexual Victimization and Abusiveness

§ 115.341 Obtaining information from residents.

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

AYC Policy regarding Admission Record and Assessment Requirements states:

“Screening for the Risk of Victimization and Sexually Aggressive Behavior

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

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

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

The Intake staff and the Clinical Director confirmed that the initial assessment is completed by the Intake staff member. The reassessments are completed by the Clinical Director or designated counselor. Residents in Detention and Shelter Care are reassessed every 30 days. Residents in the Fire Setter/Sex Offender Program are reassessed every 90 days. If additional information is received at the facility or if an incident happens, an assessment would be conducted.

The auditor reviewed completed assessments that were provided to the auditor in advance of the audit and assessments that were in the residents’ files reviewed by the auditor. Although the policy says reassessments every six months, in reviewing the files, the auditor found the reassessments are completed more often than every 30 to 90 days, depending on the program. The auditor suggested that the AYC update its policy to reflect its practice.

AYC has strict controls on the dissemination of the Screening for Risk of Victimization and Sexually Aggressive.

Standard

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

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

Consistent with the GEO Policy 5.1.2 B., “Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Services Facilities,” AYC uses the information obtained in the risk assessment to make room and programming assignments for the resident with the goal of keeping him/her safe and free from sexual abuse. The auditor reviewed the AYC Secure Room Matrix, which identifies which resident is in which room and which residents have a history of sexually aggressive behavior and which residents are vulnerable to victimization.

There are no isolation rooms in the facility so the program cannot isolate a resident who is alleged to have suffered sexual abuse.

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

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

Standard Reporting**§ 115.351 Resident reporting.**

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

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

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

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

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

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

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

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

Standard**§ 115.352 Exhaustion of administrative remedies**

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

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

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

The auditor reviewed one PREA investigation that was initiated when the resident filed a grievance alleging resident-on-resident sexual harassment. The AYC investigator responded immediately. The allegation was determined to be unsubstantiated. The auditor also read the AYC grievance procedure and finds that it meets the requirements of the standard.

Standard

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

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

The AYC Policy on Resident Rights states:

"Resident Rights Under PREA:

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

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

The auditor interviewed a volunteer from WIN who comes to AYC weekly to conduct educational groups on domestic violence and sexual abuse. She stated that WIN and AYC have a very good working relationship.

As previously stated, seven of the 11 residents who were interviewed said they are aware that support services are available in the community for emotional support for sexual abuse victims, and the vast majority named Women-in-Need as the agency that provides emotional support. The residents acknowledged that they have seen the Women-in-Need posters that are placed throughout the facility. The auditor also noticed the WIN posters throughout the facility. It is clear that the AYC is making the information available to the residents.

Standard

§ 115.354 Third-party reporting.

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

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

The GEO Oversight Policy states:

“Third-Party Reporting (§115.354)

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

The GEO Web site has instructions for third party reporting:

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

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

The names and locations of alleged persons involved;

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

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

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

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

AYC has a very detailed PREA Response Plan that identifies specific responsibilities to first responders, supervisors, the PREA Compliance Manager, and the Facility Director.

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

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

The PREA Compliance Manager will notify the Corporate PREA Coordinator within two (2) hours of the occurrence. The PREA Compliance Manager or a designee will meet weekly with the alleged victim and reporter (if different than victim) in private to verify that they have not been subject to retaliation regarding the report of abuse. Any concerns will be addressed and the meetings will be documented in the facility Protection from Retaliation Logs. Monitoring will continue for 90 days or until the allegation is determined to be unfounded. Monitoring can be extended if deemed necessary.

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

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

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

Standard**§ 115.362 Agency protection duties.**

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

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

Standard**§ 115.363 Reporting to other confinement facilities.**

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

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

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

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

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

Abraxas Policy OP – 20 Prison Rape Elimination Act (PREA) Response Plan provides very detailed procedures to follow when an allegation of sexual abuse or sexual harassment is made at AYC. The auditor interviewed ten random staff and specifically asked what they would do if a resident told them that he/she had been sexually abused. To a person, every employee described in great detail how they would separate and protect the victim, protect the scene, and ensure the victim and the perpetrator, if he or she is known, does not shower, use the toilet, change clothes, or brush his/her teeth, etc. The staff also showed the auditor their pocket cards that give specific steps to follow if they are informed of an allegation of sexual abuse. The auditor also reviewed PREA investigations that documented that staff responded according to the AYC policy which is consistent with the requirements of the standard. The training curriculum was also reviewed and confirmed that employees are being trained to the Abraxas policies.

Standard**§ 115.365 Coordinated response.**

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

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

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

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

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

Standard**§ 115.367 Agency protection against retaliation.**

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

The PCM monitors for retaliation.

The Abraxas OP – 20 Prison Rape Elimination Act (PREA) Response Plan states:

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

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

If a staff member was concerned about possible retaliation, the Facility Director and/or the PCM would initiate an investigation and would meet with the staff member on a weekly basis to ensure there is no retaliation. The Facility Director would also notify the Office of Professional

Responsibility at the GEO Corporate Office. The PCM said the staff member could be moved to a different program at South Mountain Abraxas Complex or could be assigned to a different shift or a different post, if necessary.

Monitoring will can be extended beyond the initial 90 days.

Standard

§ 115.368 Post-allegation protective custody.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
The AYC does not have an isolation rooms.

Standard Investigations

§ 115.371 Criminal and administrative agency investigations.

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

The PREA Investigator for AYC is the Assistant Facility Director. He has received the required training. The Pennsylvania DHS, Office of Children, Youth and Families and the PSP also conduct investigations when there is an allegation of sexual abuse.

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

As stated earlier, the auditor reviewed 4 PREA investigation files, with the facility investigators, that were reported in 2015. Of the 4 allegations, 2 alleged sexual abuse (one resident-on-resident and one staff-on-resident) and 2 alleged resident-on-resident sexual harassment. The allegation of staff-on-resident sexual abuse was determined to be unfounded. The allegation of resident-on-resident sexual abuse was substantiated. Of the two resident-on-resident sexual harassment investigations, one was substantiated and the other was unsubstantiated. The allegation of staff-on-resident sexual abuse was reported to the PSP and the DHS. A HCSIS report was completed on the DHS Web site and a Safety Plan was completed per agency policy.

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

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

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

Administrative investigations involving allegations of sexual harassment are conducted by the AYC PREA Investigator. Administrative investigations are also conducted when there is reason to believe that staff actions or failures to act contributed to an allegation of sexual abuse or sexual harassment. All administrative investigations are documented in very complete written reports.

AYC retains all written sexual abuse and sexual harassment reports for as long as the alleged abuser is in the facility or employed by the company, plus five years, unless the abuse was committed by a juvenile resident and the applicable Pennsylvania law requires a different retention period.

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

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

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

Standard

§ 115.372 Evidentiary standard for administrative investigations.

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

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

Standard

§ 115.373 Reporting to residents.

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

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

The auditor was told that the two residents who reported a sexual abuse in 2015 were released from the facility prior to the end of the investigation and therefore there was no notification.

Because it can take several weeks to learn of the investigation findings from the PSP, DHS, and OPR the victim of a sexual abuse allegation may be discharged from the facility before the end of the investigation. Therefore, the victim is not informed of the outcome of the investigation. This is especially true if the resident is in the Detention or Shelter Programs. This is beyond the control of AYC.

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

Standard Discipline

§ 115.376 Disciplinary sanctions for staff.

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

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

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

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

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

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

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

AYC provided the auditor with written documentation from a 2014 PREA investigation that an employee was discharged for having inappropriate contact with a client. The matter was also investigated by the DHS and the PSP. The PSP referred the case to the District Attorney for prosecution.

Standard

§ 115.377 Corrective action for contractors and volunteers.

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

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

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

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

Engaging in a romantic and/or sexual relationship with Residents may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges.

Employees must take prudent measures to ensure the safety of Residents. Retaliation against Residents or Employees for filing a complaint will not be tolerated.

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

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

Standard

§ 115.378 Interventions and disciplinary sanctions for residents.

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

The AYC Resident Handbook addresses disciplinary procedures for rule violations and sanctions that may be imposed. Restricted Level is the highest level of discipline. The Handbook states:

“RESTRICTED LEVEL (RL)

Restrictive level is made up of 8 Major Norms of the program. A Treatment Supervisor along with intervening staff will assess violations of any major norms for placement on RL status. After processing off of restrictive level you will return to level one status until the next weekly assessments are complete. This applies to all residents despite which level they were on prior to the RL offense. If a resident engages in any of the behaviors identified as major norm violations, he will be considered for restrictive level. A Treatment Supervisor will evaluate placement on restrictive level. He will remain on restrictive level for no less than five days. During the five days, a corrective action plan (CAP) will be issued to the resident. The CAP should be completed by the resident prior to processing off of RL status.”

Residents on the Restricted Level still receive daily large-muscle exercise and access to required educational programming/special education services. Residents could have access to other programming based on facility policy.

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

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

The facility provided written documentation that confirmed that the “Restricted Level” sanction has been applied for sexual misconduct.

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

Standard Medical and Mental Care

§ 115.381 Medical and mental health screenings; history of sexual abuse.

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

Abraxas Policy CL – 06 Admission Record and Assessment Requirements, states:

"Screening for the Risk of Victimization and Sexually Aggressive Behavior

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

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

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

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

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

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

Standard**§ 115.382 Access to emergency medical and mental health services.**

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

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

The Health Administrator and the Nurse Practitioner said if there was an incident of sexual abuse, they would instruct the supervisor on duty to transport the resident to the hospital. They said their professional judgments are always accepted and followed.

The Nurse Practitioner stated that all female residents receive a pregnancy test within a week of their admission to the AYC.

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

These health care and mental health services are provided without cost to the victim.

The Facility Director reported that no residents have had to be transported to the hospital because of an allegation of sexual abuse.

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)

AYC residents who have been victims of sexual abuse will be offered continuing medical and mental evaluation and health treatment. These services will include, as appropriate, follow-up services, treatment planning, and where indicated, referrals for continued care following the resident's transfer to, or placement in, other facilities or their release from custody. The scope of these evaluations and treatment services will include services for continued care, as appropriate, following their transfer or release from custody.

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

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

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

needed.

All these services will be provided without financial cost.

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

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

Standard Data Collection and Review
§ 115.386 Sexual abuse incident reviews.

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

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

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

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

Recommendations for improvements are implemented according to the Facility Director.

Standard
§ 115.387 Data collection.

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

When an allegation is reported and investigated, a PREA Incident Report Survey is completed. This 22 page survey captures all the critical information regarding the alleged sexual abuse and all the information necessary to answer all questions on the most recent version of the Survey of Sexual Violence (DOJ) and more. The GEO Group collects and maintains data from all incident-based documents, including reports, investigations, and Incident Review Team analyses.

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

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

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

Standard

§ 115.388 Data review for corrective action.

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

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

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

Standard

§ 115.389 Data storage, publication, and destruction.

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

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

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

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

AUDITOR CERTIFICATION:

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



Auditor Signature

September 8, 2016

Date