

PREA AUDIT: AUDITOR'S FINAL REPORT

JUVENILE FACILITIES



Name of Facility: Southern Peaks Regional Treatment Center		
Physical Address: 400 Sevenmile Parkway, Canon City, CO 81212		
Date report submitted: February 6, 2016		
Auditor information: Charles J. Kehoe		
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Date of facility visit: July 7 - 9, 2015		
Facility Information		
Facility Mailing Address: <i>(if different from above)</i>		
Telephone Number: (610) 258-2880		
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> XX Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:	<input type="checkbox"/> Detention (Juvenile) <input type="checkbox"/> Correction <input checked="" type="checkbox"/> XX Other: Regional Treatment Center	
Name of PREA Compliance Manager: Tricia Roberts	Title:	PREA Manager
Email Address: trroberta@abraxasyts.com	Telephone Number:	719-276-7510
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 Southern Peaks Regional Treatment Center (SPRTC), operated by Abraxas, a GEO Group Company, was conducted from July 7 – 9, 2015, in Canon City, Colorado. 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; Kathi Witt, Abraxas Sr. Manager of Quality and Compliance; Facility Director, Brandon Miller; Administration Director, Laurie Billington; PREA Compliance Manager, Tricia Roberts; and all the employees of the Southern Peaks Treatment Center for their professionalism, hospitality, and kindness.

This is a facility that provides treatment and support services to young people who have experienced severe abuse and trauma in their lives. More than half of the residents have been involved with sexual misconduct and many have been the victims of human trafficking. To say the least, what these residents have experienced is manifested in some very challenging behaviors that require the utmost professional response and treatment. Throughout the audit, the auditor witnessed treatment protocols and professional conduct that is some of the best he has seen in his entire career. The tireless commitment and dedication of these employees is a model for other youth services to follow.

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 Southern Peaks Treatment Center. A check of their records showed no complaints on file regarding the agency.

Ms. Moreland, Ms. Witt, Dr. Cole and the auditor were staying in Colorado Springs and drove to the facility on Tuesday, July 7, 2015. They arrived at the facility at 8:00 a.m. and were met by Mr. Miller and his administrative team. An Entrance Meeting was held at 8:11 a.m. with the administrative team. Seven members of SPTC's administrative team, along with Dr. Cole, Ms. Witt, and Ms. Moreland were in attendance and introduced to the auditor. The Facility Director and the Administration Director welcomed the auditor and provided an overview of the agency and 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 PREA Coordinator and Administration Director the lists of employees and residents selected for Random Interviews. The lists of specialized staff and youth in specialized categories were also reviewed.

The site review of the facility began at 9:11 a.m., following the Entrance Meeting. Accompanying the auditor on the tour were Brandon Miller, Laurie Billington, Tricia Roberts, Dr. Danny Cole, Kathi Witt, and Phebia Moreland. All areas where residents may be found were reviewed, including the cottages and the academic building. The tour ended at 11:30 a.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 94 residents in the facility and one resident in the hospital. The average length of stay is 4 to 6 months, but some residents can stay a year or longer. Eleven residents were selected for random interviews. Eleven residents were also interviewed who were identified as being in the special categories. Three residents were interviewed who reported

sexual abuse or harassment. One resident who was identified as developmentally disabled was interviewed. Six residents who identified as being transgender, lesbian, or gay were interviewed and one resident who disclosed a prior sexual victimization during screening was interviewed.

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. Most residents are aware that support services are available in the community for emotional support for sexual abuse victims. Some stated they were not aware of such services. Residents stated they are informed about PREA during intake and orientation on the first day in the facility and are offered ample opportunity to ask questions. Some residents said they were informed about PREA by the staff transporting them during their first trip to the facility. All the residents reported that they felt safe in this facility and that they are treated well by the staff.

There are 139 staff at the SPRTC. Ten staff were randomly selected by the auditor from all shifts and were interviewed. Sixteen 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 supervisor, medical and mental health professionals (2), a volunteer and a contractor, two staff members who Perform Screening for Risk of Victimization, an Incident Review Team member, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, and two Intake Staff. Since this is a moderate sized facility, some staff have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area. The GEO PREA Coordinator was interviewed earlier by another auditor doing another GEO audit.

In all, the auditor conducted 48 interviews during the SPRTC audit.

The staff reported that they have received the required PREA Training.

The auditor reviewed 17 PREA investigation files, with the facility investigators, regarding PREA allegations that had been reported between March 2015 and the July 2015. Of the 17, three allegations alleged sexual abuse (two resident-on-resident and one staff on resident) and 14 alleged sexual harassment (12 resident on resident and two staff on resident). Of the total investigations, one was substantiated, two were unsubstantiated, six were unfounded, and 8 were "on-going" investigations. Allegations are investigated by the Colorado Department of Human Services, the Canon City Police Department, the SPRTC investigators and the corporate office of the GEO Group.

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

Two 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.

The facility does not use isolation. Time out rooms are utilized in the school, but the use of these rooms is time limited.

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

An Exit Meeting was convened at 4:20 p.m. on July 9, 2015, when the on-site audit was completed. The PREA Coordinator, the executives from Abraxas, and six members of the SPRTC administrative staff were present. The auditor thanked all the leadership and staff of the SPRTC and the leadership of GEO/Abraxas. The auditor gave an overview of the audit and stated a few things had been corrected during the audit and 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 SPRTC had incorporated the PREA Standards into the facility's operating procedures and organization.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Southern Peaks Regional Treatment Center (SPRTC) is a staff-secure residential treatment facility for up to 136 male and female adolescents, ages 10-21. Referrals for SPRTC are accepted from the Colorado Department of Human Services, Colorado Division of Youth Corrections, as well as multiple out-of-state contracts and private pay clients.

The facility was built in 2004 on ten acres of land outside of the town of Canon City, Colorado.

SPRTC operates male and female behavioral health care programs as well as sex offender programs. The facility also provides a variety of specialized clinical services to youth with additional treatment needs, to include the Haven Program for clients who have been sexually exploited, a Substance Abuse Treatment Program, and a Medicine Bear Program with special programming for Native American youth.

The SPRTC spacious campus-like setting consists of several housing units (ten of the housing units were in use during the audit), a school, gymnasium, administration building, medical/office building, large recreation field, commercial kitchen/dining area, and a maintenance building. Sufficient employees are on duty at all times in order to meet clients' individual needs and to provide a safe environment. The minimum employee-to-client ratios are:

Behavioral Health Units:

- During awake hours – 1 employee: 8 clients
- During sleeping hours – 1 employee: 16 clients

Sexual Misconduct Treatment Units:

- During awake hours – 1 employee: 6 clients
- During sleeping hours – 1 employee: 8 clients

Video cameras are in all housing units, the school, the dining and medical areas, the gym, and outdoor perimeter, movement, and recreation areas. The videos are retained for 90 days. Sight lines in housing units and other areas provide for appropriate supervision. The auditor suggested that the facility consider placing convex mirrors in the laundry rooms, behind the dryers. Since no more than one resident is in the laundry room, at a time, this is only a suggestion.

SPRTC employees have the education, experience, and training to effectively work with challenging clients. The program is dedicated to providing the highest quality of care, by employing staff members who possess the qualifications and competencies needed to effectively provide meaningful interaction, intervention, and direct supervision to the clients. The SPRTC training department provides comprehensive training for staff to develop skills and competencies critical to effectively complete their job duties.

All employees receive at least 70 hours of orientation training within the first two weeks of their date of hire prior to working with adolescents. Following the initial orientation training,

employees participate in mentorship and on-the-job training totaling 40 hours within the first few weeks of beginning their job duties.

All full-time employees are required to receive a minimum of 40 annual training hours.

Typically, SPRTC clients have manifestations of serious psychiatric and/or psychosocial needs, including but not limited to: physical and/or sexual abuse, sexual deviant behavior, self-destructive behaviors, mood disorders, dissociative disorders, post-traumatic stress disorder, anxiety, attention deficit and hyperactive disorder, depressive and reactive attachment disorders, conduct disorder, oppositional defiant disorder, and organic brain dysfunction caused by prenatal exposure to alcohol or drugs. Individualized treatment is provided by licensed therapists and supported by case management and operational staff members. Length of stay varies depending upon the client and his/her progress in treatment.

SPRTC operates The Phoenix Academy, a year-round, on-site school for all clients to attend Monday through Friday. The Phoenix Academy is a non-public facility school approved by the Colorado Department of Education. The Phoenix Academy provides an approved standards-based curriculum and is staffed with highly qualified licensed teachers, all certified in the subject areas they teach. The school meets the mandates for each student who has an Individualized Education Plan, is eligible for Special Education services, and is monitored annually for compliance.

A Nurse Administrator supervises the on-site medical department. Medical and psychiatric services are provided by a contracted physician (the Medical Director), a contracted psychiatrist, registered nurses, licensed practical nurses, and medical technicians. Medical personnel evaluate the client and begin coordinating necessary medical services within the first 24 hours of admission. Vision and dental exams, hearing evaluations, laboratory studies, immunization updates, tuberculosis testing, and physical examinations and assessments are conducted routinely. Clients in need of psychiatric care and medication management are evaluated and monitored by the contracted psychiatrist. The Medical Director and/or other physician(s) are available (on-call) to the facility 24 hours a day for medical problems.

SPRTC is licensed by the Colorado Department of Human Services, Division of Child Welfare, and accredited by The Joint Commission.

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 SPRTC Zero Tolerance policy states:

“Southern Peaks Regional Treatment Center (SPRTC) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers, or Contractors, and Youth 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 SPRTC strictly prohibits any type of sexual relationship with Youth. 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 Youth 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. 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 SPRTC PREA Compliance Manger is Ms. Tricia Roberts. Ms. Roberts stated that she has been the PREA Compliance Manager since March of 2015. 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 SPRTC table of Organization.

Standard

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

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

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

SPRTC provided documentation of its contract with the Colorado Department of Youth Corrections (CDYC) and documentation that the CDYC conducts monitoring visits at the SPRTC.

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)

SPRTC has an Annual Facility Assessment (staffing plan). The facility has had no findings of inadequacy from any court or Federal investigative agency. The Facility Assessment describes all components of the facility's physical plant and identified areas where some blind spots were identified and where additional cameras were needed. In April of 2015, the Administration Director issued a memorandum regarding the follow-up to the PREA Annual Report (aka: Annual Facility Assessment). The memorandum described all the corrective actions and improvements that had been made in the areas of concern that were identified in the Annual Assessment. This was a very detailed report that also identified the improvements still in progress. The PREA Coordinator documents, in writing that she has been consulted and reviewed the Annual Facility Assessment.

The Annual Facility Assessment also described the resident population. The Assessment similarly described the number and placement of supervisory staff. A separate table illustrated the SPRTC Budgeted FTE Report. The auditor also reviewed the activity schedule at the SPRTC. SPRTC is in compliance with the Colorado Department of Human Services regulations, the Office of Behavioral Health/Mental Health standards, and the Joint Commission standards.

At the time the Annual Assessment was written (November 19, 2014) there had been no allegations of sexual abuse reported in the previous two years. In reviewing the investigation files, the auditor was told of two allegations of sexual abuse that were reported in March of 2015, after the report was written. One was determined to be unfounded. In the other case, the auditor was told that Colorado Department of Human Services substantiated the abuse, although the Department had not issued a formal report at the time of the audit. The auditor was told that these incidents would be acknowledged in the 2015 Annual Facility Assessment.

The facility complies with the Annual Assessment and staffing plan. The staffing ratio is 1:8 during waking hours and 1:16 during sleeping hours. Some programs require higher staffing levels because of the nature of the client population. For example, the sex offender unit has a staffing level of 1:8 around the clock. In addition, if a resident is placed on one-on-one supervision, he/she sleeps in the commons area. One staff member cannot supervise more than two residents who are under one-on-one supervision in the commons area during sleeping hours. If there is a deviation from the staffing plan, it is documented.

The SPRTC also has a facility camera map that identifies the location of each camera in the facility. As previously reported, Assessment identified some blind spots where additional cameras are needed. The Administration Director's Follow-Up Report noted that additional cameras have been installed.

Policy 103.1.09. E addresses Unannounced Rounds as follows:

1. 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.
2. The unannounced rounds will be documented on the Unannounced PREA Rounds form (attached).

3. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate functions of the facility.

The auditor reviewed "Unannounced PREA Rounds" checklists that supervisors completed when they visited each living unit and all other buildings. There is space where supervisors can acknowledge any needed corrective actions. The checklist is reviewed by the PREA Compliance Manager who documents her review in writing.

The auditor finds that SPRTC exceeds the requirements of the standard based on the comprehensiveness of Annual Facility Assessment, the Administration Director's detailed report that documents the corrective actions that have been taken, the thorough camera map that was provided to the auditor, and the documentation of the "Unannounced PREA Rounds" report and the confirmation that it was reviewed and approved by the PREA Compliance Manager.

Standard

§ 115.315 Limits to cross-gender viewing and searches.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

SPRTC Policy 103.4.03 prohibits cross-gender strip searches, cross gender visual body cavity searches, and cross-gender pat down searches except in exigent circumstances. If, in an exigent circumstance, a cross-gender search was ordered, it would be documented.

During random interviews with residents the auditor was told that some staff do not announce their presence when they enter a resident housing unit. The auditor brought this to the attention of the SPRTC administration, the PREA Coordinator, and the administrators from Abraxas. The auditor was assured that corrective action would be taken immediately. Within a few hours, corrective action was initiated as the SPRTC administration placed notices at all the entrances to the housing units that said "OPPOSITE GENDER ANNOUNCING...THIS MEANS YOU!!!" The auditor was also told that that the procedure would be rewritten to clarify any misunderstanding regarding announcements by opposite gender staff. The auditor was also told that all staff would be "re-trained" on the announcement over the coming weeks. The auditor was satisfied that these steps would ensure all staff are aware of the requirement. During the report writing period, the auditor was sent a memo that went to all SPRTC employees that clarified the procedure and a copy of the revised procedure. The PREA Coordinator also sent the auditor the SPRTC Training Department log sheets that documented the staff have been retrained.

SPRTC Policy 103.4.03. 3. b. states:

"The facility will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The interviews with staff confirmed that staff have received training 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. The auditor reviewed the "Limits to Cross-Gender Viewing and Searches" curriculum and found it to be very thorough.

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 101-14 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*.

One resident was interviewed who was identified as being developmentally disabled. He reported that he has difficulty reading and that when he came to SPRTC he did not understand the PREA material, but that he was told verbally by the PREA Compliance Manager all about PREA, "straight up."

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

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

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

The Code of Colorado Regulations, Social Service Rules, requires background checks on all newly hired employees in juvenile facilities and contractors who may have contact with residents. Once a person's name is in the system, the Colorado Bureau of Investigation provides real time information to the SPRTC anytime an employee is arrested. This approach exceeds the requirements of five-year background checks.

The Colorado Department of Human Services, Background Investigation Unit also checks to see of

newly hired employees or contractors who may contact with residents have any record on the Statewide Automated Database, commonly known as TRAILS.

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.

SPRTC also considers any incidents of sexual harassment in determining in 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.

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

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

Standard

§ 115.318 Upgrades to facilities and technologies.

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

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

The auditor confirmed through price quotes, the Administration Director's report on corrective action in response to the Annual Facility Assessment, and the facility camera map that SPRTC always considers the impact new technology will have on the facility's ability to protect residents from sexual abuse.

The facility also documented its effort to put a security fence around the female housing unit to protect the residents there from sexual harassment by male residents.

The auditor observed the very comprehensive video camera coverage during the site review. The auditor also reviewed previously recorded days to confirm the retention of the tapes and evaluate the quality of the video. The monitors and cameras provide good quality pictures with clarity.

Standard Responsive Planning

§ 115.321 Evidence protocol and forensic medical examinations.

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

SPRTC Policy # 101.1.13, Child Abuse Reporting Policy describes the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse. The Fremont County Department of Human Services will be immediately notified of any allegation of sexual abuse. The Canon City Police Department will also be notified if it appears the sexual abuse is a criminal act. The SPRTC investigators will initiate a preliminary investigation and work cooperatively with the Police Department and the Department of Human Services. The police department will follow the protocols of the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

SPRTC has Memorandums of Understanding (MOU) with the Parkview Medical Center and the St. Thomas More Medical Center that state the hospitals will provide forensic exams, as needed, without financial cost.

The facility also has an MOU with Family Crisis Services (the local Rape Crisis Center in Canon City) that states the Crisis Center will provide emotional support, as needed, to the victim of a sexual abuse. The Center will also make available an advocate to accompany the victim to the hospital to provide support during the forensic exam and investigative interview process.

Brochures are provided to SPRTC residents that describe the services that are offered by Family Crisis Services, Inc. and St. Thomas More Hospital SANE Program.

The facility has a log that will document referrals to the crisis center (Rape Crisis Center Referral Log). As of the time of the audit, no resident had requested services from the Family Crisis Services, Inc.

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)

SPRTC Policy # 101.1.13, Child Abuse Reporting Policy describes the procedures staff, contractors, and volunteers will follow when reporting a sexual abuse or any other abuse. The Fremont County Department of Human Services will be immediately notified of any allegation of sexual abuse. The Canon City Police Department will also be notified if it appears the sexual abuse is a criminal act. The Canon City Police Chief confirmed, in writing, that the Department's Police Officers receive training on investigating sexual assault and sexual abuse at the Police Academy and at the Police Department as part of their regular training.

The Fremont County Department of Human Services also investigates all allegations of sexual abuse and sexual harassment. Allegations of sexual harassment are normally investigated internally since the allegation does not usually involve potentially criminal behavior.

The GEO Group's investigation policy is available on the agency Web site.

Standard – TRAINING AND EDUCATION

§ 115.331 Employee training.

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

Staff interviewed by the auditor reported that they had received PREA training during their orientation and also during refresher training. The auditor was told the staff had to take a written test following the training. Staff told the auditor they are also given refresher training, at least annually. When answering questions about specific training they had received, the staff gave very detailed information about the material that was covered.

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

An employee takes a 23 question written exam following the training and also acknowledges, in writing, that he/she has received the training and understands it.

The auditor was very impressed by the meticulousness detail in the training. SPRTC exceeds the standard.

Staff were also given pocket cards during their training that describe the steps to follow if an allegation is reported.

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)

SPRTC 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 the contractor and volunteer had received the training and understood it.

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

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 SPRTC's Zero Tolerance Policy and how to report allegations of sexual abuse or sexual harassment.

SPRTC Policy #103.4.01 subsection B.2.g. states:

"Youth Safety Guide: Within 24 hours of intake, the staff member assigned to complete the intake process will provide the client with comprehensive age-appropriate information regarding the program's zero tolerance policy regarding sexual abuse and sexual harassment by reviewing the *Abraxas Youth Safety Guide*. The information will include the client's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and how to report sexual abuse and sexual harassment. The staff member assigned to the intake will review the information with the client in person, verify his understanding, and obtain his signature on the acknowledgement form."

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 *Youth Safety Guide*, and the brochure and understand the material.

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)

SPRTC has three staff who have successfully completed the specialized training for investigators. The 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 investigators completed the basic PREA training and the specialized investigator training. Acknowledgements were also provided in writing that confirmed the employees had received and understood the investigator training. Because of the professional quality of this training and the all-inclusive scope of the curriculum, the auditor believes SPRTC 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 received the specialized training that was developed by the PREA Resource Center and the National Commission on Correctional Health Care under a grant from the Bureau of Justice Assistance. This is a very complete and very detailed curriculum that covers all the areas required by Standard 115.335 (1) – (4). SPRTC 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)

SPRTC Policy 101.4.09 states:
Screening for the Risk of Victimization and Sexually Aggressive Behavior (DYC Vulnerability Assessment Instrument):

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

During the intake process, a trained Treatment Supervisor, Senior Treatment Supervisor, or Assessment Therapist will complete an objective screening instrument with the client. The purpose of the screening instrument will be to obtain and use information about the client's personal history and behavior to reduce the risk of sexual abuse by or upon the client. If the client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he will be offered a follow-up meeting with a Therapist within 14 days.

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

Information obtained from the screening tool (administered at intake) will be used in the treatment planning process to reduce the risk of sexual abuse by or upon the resident. All youth will be reassessed with a reassessment instrument once per quarter by their primary therapist.

SPRTC provide documentation that the screening for risk of victimization was being done. The auditor also confirmed this during the review of the resident files. The elements specified in the

standard are included in the Division of Youth Corrections, Colorado Department of Human Services, Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior form. The SPRTC procedures state who has access to the information on the assessments.

At the time of the audit, the facility did not meet the standard because the facility was not periodically obtaining the same information that was obtained during the initial assessment. During the report writing period, SPRTC revised its procedures and revised its *Vulnerable to Victimization Reassessment Questionnaire*. The PREA Coordinator emailed the auditor four examples of how this form was used. The auditor confirmed the agency meets the requirements of the standard.

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)

SPRTC Policy 101.4.09, Assessment and Treatment Planning, states, "The program will use the information gathered to make room and programming assignments with the goal of keeping the client safe and free from sexual abuse and sexual harassment. The program is prohibited from isolating clients from others.

Policy 103.1.02, Room and Unit Assignment, states

1. C. Before any youth is assigned to a room with a roommate the following will be taken into consideration:

- Both youth's scores from the Vulnerability Assessment Instrument. The outcomes are identified on the midnight count sheet. The program will use the information gathered in this screening to make room and programming assignments for the resident with the goal of keeping him/her safe and free from sexual abuse
- The behavior of both youth
- The other youth in the room and/or around the room being considered for a youth
- Whether the youth is a potential victim or perpetrator of sexual or assaultive behavior
- Age of both youth - youth must be within 36 months of age of one another to be roommates
- Compatibility: do the youth have issues in the milieu
- Gang affiliations

During the site review of the living units, several residents showed the auditor their rooms. No living unit is designated just for transgender, intersex, gay, lesbian or bisexual residents. During the random interviews, the residents confirmed that transgender, gay, lesbian, and bisexual are housed in the general population and room assignments are not a problem here.

Education and program assignments are made on a case-by-case basis and tied directly to the treatment plan. The primary focus in this facility is on providing a safe and secure environment where the treatment plan drives the major decision regarding each resident.

Standard Reporting**§ 115.351 Resident reporting.**

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

SPRTC provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of duties that may have contributed to such incidents. The *Youth Safety Guide* states that a resident can report an allegation of sexual abuse or sexual harassment to any staff member, health care provider, to his or her parent/guardian, probation officer, attorney, or chaplain or minister. The Guide also provides the phone number for child abuse hotline (844-264-5437). Residents can also file a grievance regarding sexual abuse and sexual harassment. The resident handbook describes the grievance procedures.

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

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. Residents also said the staff do provide writing materials if they need them to make a written report.

Employees may privately report allegations of abuse. During training employees are trained on their options and posters are located in staff offices, control centers, and breakrooms. The posters state:

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

SPRTC Grievance Procedure 103.1.12 incorporates all the elements of this standard in the policy and also addresses Emergency Grievances. The grievance procedure is available to the residents in the SPRTC Youth Handbook.

One of the residents interviewed stated that he felt five-days was too long to settle a grievance. It was clear from the interviews with the residents that they are aware of the grievance procedures and how they work.

Three examples of grievances concerning sexual harassment were provided to the auditor to demonstrate the grievance procedure.

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 SPRTC uses two agencies to provide outside support services. Family Crisis Services, Inc. is a domestic violence and rape crisis center and is located in Canon City, not far from the facility. The facility also has a Memorandum of Understanding with Parkview Medical Center that includes a statement that Parkview will provide SAFE/SANE and support services, as needed. In addition, St. Thomas More Hospital, also located in Canon City, has a SAFE Program. This hospital will also make a victim's advocate available to provide support, as needed, at the victim's request.

There were no sexual abuse incidents reported in the twelve months preceding the audit that required a forensic exam and no outside support services were requested by any resident during that time.

During the interviews eight of 11 residents reported that they knew there were agencies in the community that could provide outside support services, if requested, but they could not remember the name of the agency. Three residents stated they were not aware of any outside support services. The eight residents who were aware there were services available said that these services have been discussed with the residents in group meetings with the staff. All youth are given a brochure from Family Crisis Services, Inc. The auditor suggested that a refresher meeting might be needed.

The SPRTC Youth Handbook states, "The Southern Peaks Regional Treatment Center does not provide legal services for you. You have the right to an attorney of your choice and the Southern Peaks Regional Treatment Center will act as a referral source for you requiring legal services".

Because the majority of the youth have been committed by a juvenile court for offenses, they have no continuing need for legal counsel. Some of the youth said they still had an attorney.

Standard

§ 115.354 Third-party reporting.

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

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

The GEO Web site has instructions for third party reporting:

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

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

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

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

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

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

The SPRTC Policy titled, "Facility PREA Response Plan Following Resident Report" (LD-06) states that new residents should be told of the staffs' duty to report all allegations of sexual abuse and sexual harassment and the limitations on confidentiality when they are admitted to the facility.

All the random staff interviewed by the auditor described in detail their reporting responsibilities beginning with the immediate supervisor up to and including the Department of Human Services, Protective Services. The staff understand that they are mandatory reporters for allegations of sexual abuse, sexual harassment, retaliation or threats of retaliation, and staff neglect of duties that may have contributed to a sexual abuse incident. The administrator on duty will notify the institution investigator and the Canon City Police Department (if the incident appears to be criminal in nature).

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

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

Medical and mental health staff said they always inform a resident of the limits of their duty to report, as mandatory reporters, and the limitations of confidentiality.

The Facility Director or the Administration Director will notify the Corporate Office, the PREA Coordinator, the resident's (victim's) parent/guardian (unless the court has ordered they not be notified), the Division of Youth Corrections if the resident has been committed to the state, and the resident's attorney if the resident is under the jurisdiction of the local juvenile court

Standard

§ 115.362 Agency protection duties.

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

The Facility Director and all staff randomly interviewed stated that any resident in substantial risk of imminent sexual abuse would be immediately removed from the area and would be under the close supervision of a staff member until such time as the resident's safety was assured. If the aggressor is known, he/she could also be removed from the area.

Standard

§ 115.363 Reporting to other confinement facilities.

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

The Facility Director stated that SPRTC received an allegation that a resident had been sexually abuse at another facility the SPRTC Facility Director would notify the director of the other facility.

As of June 1, 2015, SPRTC had received three (3) such allegations and reported them all in accordance with the policy. The notifications were documented on the facility's form.

Standard

§ 115.364 Staff first responder duties.

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

The auditor interviewed ten random staff (Life Skills Workers) and a teacher and specifically asked what they would do if a resident told the employee that he/she had been sexually abused. To a person, every employee described in great detail how they would separate and protect the victim, protect the scene, ensure the victim and the perpetrator, if he or she is known, not to shower, use the toilet, change clothes, or brush their teeth, etc.

Standard**§ 115.365 Coordinated response.**

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

The SPRTC Policy titled, "Facility PREA Response Plan Following Resident Report" (LD-06) states the roles and responsibilities each of the supervisors and administrators on duty will perform to ensure the victim's safety and the preservation of evidence. For example, the supervisor on duty will notify the on-call administrator who will notify facility investigators and the Facility Director who will notify the health care staff on duty and the resident's therapist. The PREA Compliance Manager will notify the PREA Coordinator at the Corporate Office. The Reporter will notify DHS Protective Services and the Canon City Police. Responding supervisory staff will assign a staff member, of the same sex as the victim, to remain with the victim and provide close supervision and support. The health care staff will determine, with the police, if a forensic exam is needed. The therapist will determine what mental health/crisis intervention services are needed. The Facility Director will ensure the requirements of this policy are followed throughout the process.

Again, the pocket card is a valuable tool as the staff need to be able to refer to the appropriate steps in the process.

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

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

SPRTC does not have any collective bargaining agreements.

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

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

At SPRTC, the residents' therapists are charged with monitoring for retaliation. The auditor interviewed a therapist who explained that she would meet with the victim weekly and that she would be assessing behavioral reports and changes in behavior. The facility has a Protection from Retaliation Log that is used to document the contacts between the therapist and the victim. The facility provided examples of completed logs. The therapist stated that the monitoring would continue for at least 90 days and could be extended longer if there was a need. If a case consultation was needed, the meeting would be documented on a separate Protection Log. A resident could be moved to a different housing unit on the campus if such a transfer would ensure

further protection of the victim. If the act was criminal, it is possible the aggressor could be moved to a juvenile detention facility or jail, pending trial on new charges.

Staff who may be the subject of retaliation will be monitored by the PREA Compliance Manager and the Administration Director. If necessary, to prevent retaliation, staff can be moved to a different shift or to a different post.

Standard

§ 115.368 Post-allegation protective custody.

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

SPRTC would not use segregated housing to protect a victim of sexual abuse from retaliation or further abuse.

Standard Investigations

§ 115.371 Criminal and administrative agency investigations.

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

The auditor reviewed 17 PREA investigation files, with the facility investigators, regarding PREA allegations that had been reported between March 2015 and the July 2015. Of the 17, three allegations alleged sexual abuse (two resident-on-resident and one staff-on-resident) and 14 alleged sexual harassment (12 resident-on-resident and two staff-on-resident). Of the total investigations, one was substantiated, two were unsubstantiated, six were unfounded, and 8 were "on-going" investigations. Allegations are investigated by the Colorado Department of Human Services (DHS), the Canon City Police Department, the SPRTC investigators, and the corporate office of the GEO Group.

The auditor was told that investigations are initiated immediately by the police and the DHS and that all the investigations are conducted promptly, thoroughly, and objectively. The auditor asked why there were so many investigations listed as "on-going" and was told that it takes several weeks and sometimes months to get a report from the DHS with their findings. After the DHS reports to SPRTC, that information is forwarded to the PREA Coordinator at the Corporate Office where a thorough review of the entire allegation is conducted. SPRTC is not allowed to continue its investigation of the incident until DHS has completed its investigation. The auditor was also told that DHS only tells SPRTC its findings and does not share any documentation or reports with the facility. The Canon City Police Department does provide the SPRTC with their investigation reports.

As previously reported, the SPRTC investigators have gone through extensive training in how to conduct a sexual abuse or sexual harassment investigation.

Investigations are not terminated if the resident recants the allegation or leaves the facility. The investigators state the credibility of the alleged victim, witness, and or suspect will be assessed on

an individual basis. Residents will not be asked to take a polygraph exam.

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

Administrative investigations determine if staff actions or failures to act contributed to the abuse or harassment. All investigations are documented in written reports. SPRTC 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 Colorado law requires a shorter period of retention.

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

Standard

§ 115.373 Reporting to residents.

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

The auditor interviewed three residents who reported a sexual abuse. One resident stated that he was informed that the abuser was moved to the County Jail. The other residents said they knew the other residents were transferred out of SPRTC. The facility provided the auditor with written documentation that in the one case the resident had been informed.

Because it can take several weeks or months to learn of the DHS findings, there can be a delay in informing the resident victim. This is beyond the control of SPRTC.

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

Standard Discipline

§ 115.376 Disciplinary sanctions for staff.

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

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

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

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

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

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

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

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

Standard

§ 115.377 Corrective action for contractors and volunteers.

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

SPRTC Policy 101.1.16, Sexually Abusive Behavior Prevention and Intervention (PREA) states: "Southern Peaks Regional Treatment Center (SPRTC) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers, or Contractors, and Youth 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 SPRTC strictly prohibits any type of sexual relationship with Youth. 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 Youth will not be tolerated."

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

abuse or sexual harassment.

Standard

§ 115.378 Interventions and disciplinary sanctions for residents.

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

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

SPRTC does not use isolation. Sanctions for sexual abuse could range from criminal prosecution and removal from the program, and placement in jail or juvenile detention, to a "Modified Program" restriction including the loss of privileges. Residents would still receive daily large-muscle exercise, access to required educational programming/special education services. Residents could have access to other programming to the extent possible.

The auditor was provided examples of disciplinary reports for violations that involved consensual sexual activities.

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)

SPRTC Policy 101.4.09, Assessment and Treatment Planning states:
Screening for the Risk of Victimization and Sexually Aggressive Behavior (DYC Vulnerability Assessment Instrument):

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

During the intake process, a trained Treatment Supervisor, Senior Treatment Supervisor, or Assessment Therapist will complete an objective screening instrument with the client. The purpose of the screening instrument will be to obtain and use information about the client's personal history and behavior to reduce the risk of sexual abuse by or upon the client. If the client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he will be offered a follow-up meeting with a therapist within 14 days.

Interviews with the mental health therapists and residents confirmed that if a resident scores high on the DHS Division of Youth Corrections Vulnerability Assessment Instrument - Risk of Victimization and Sexually Aggressive and Violent Behavior he/she will be seen by a mental health therapist within 14 days. The auditor reviewed several completed assessments and the Clinical Progress Notes from

the 14 day follow-up meeting. In most cases, the mental health therapist handed the case off to the resident's assigned therapist.

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

The therapists 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)

There are three (3) registered nurses at SPRTC. Nurses are at the facility 7 days a week from 7:00 a.m. until 10:00 p.m. The focus on providing comprehensive therapy for the residents at the facility means SPRTC has many highly trained and educated Qualified Mental Health Professionals on the staff every day. There are always clinicians on-call after normal business hours.

The nurse reported that SPRTC has an MOU with Parkview Medical Center that includes providing SANE services. The hospital is approximately 15 minutes from the facility. If a nurse is not on duty at the time a report of an abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to 115.362 and will immediately notify the administrator on-call, the on-call nurse, the mental health staff, and Parkview Medical Center, if needed.

The nurse told the auditor that a female victim of sexual abuse will be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. This would be accomplished by sending the female resident/victim to the hospital.

These services will be provided without cost to the victim.

Standard

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

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

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

Both the nurse and the mental health therapist stated that the level of care residents receive in this facility "exceeds" the level of care an adolescent would receive in the community.

Female residents who experienced sexually abusive vaginal penetration will be offered pregnancy tests. If pregnancy results from the sexual abuse, the victim will receive timely and comprehensive

information about and timely access to all lawful pregnancy related medical services.

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

All these services will be provided without financial cost.

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

Standard Data Collection and Review

§ 115.386 Sexual abuse incident reviews.

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

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

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

When the investigation is completed, the Incident Review Team meets and considers those areas listed in 115.386 (d) (1) through (5). The Team then prepares and After-Action Review Report. The auditor reviewed three (3) After-Action Review Reports and found they were comprehensive and complied with the requirements of the standard.

Standard

§ 115.387 Data collection.

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

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

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 first PREA Annual Report in 2014. This 14 page report identifies issues needing attention, corrective actions to be taken, training that has been done, policies and procedures that have been enhanced, and presents data from all GEO facilities. 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)

SPRTC 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 2014 Annual Report, which includes aggregated sexual abuse data, is available on the GEO Web site.

The GEO Group has taken the importance of the data analysis and reporting up even further and 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. Southern Peaks Residential Treatment Center, Canon City, Colorado, meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



Auditor Signature

February 6, 2016

Date