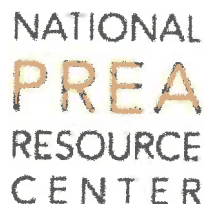


PREA AUDIT: AUDITOR'S FINAL REPORT

JUVENILE FACILITIES



Name of Facility: Southern Peaks Regional Treatment Center			
Physical Address: 700 Four Mile Parkway, Canon City, CO 81212			
Date report submitted September 22, 2019			
Auditor information: Charles J. Kehoe			
Address: P.O. Box 1265, Midlothian, Virginia 23113			
Email: charlesjkehoe@msn.com			
Telephone number: (804) 873-4949			
Date of facility visit: March 21 – 23, 2018			
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number: (719) 276-7500			
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: Laurie Billington		Title:	Admin Dir/PCM
Email Address: acarroll@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: 4955 Technology Way, Boca Raton, FL 33431			
Mailing Address: <i>(if different from above)</i>			
Telephone Number: 561-999-5875			
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: Ryan Seuradge		Title:	Director of Contract Compliance - PREA
Email Address: rseuradge@geogroup.com		Telephone Number:	561-999-5875

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Southern Peaks Regional Treatment Center (SPRTC), operated by Abraxas, a GEO Group Company, was conducted from March 21 – 23, 2018, 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 Director, 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 (PCM), Tricia Roberts; and all the employees of the Southern Peaks Treatment Center for their professionalism, hospitality, and kindness.

Southern Peaks Regional Treatment Center (SPRTC) 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 either sexually abused someone, have been sexually abused, or been the victims of human trafficking. What these adolescents have experienced is manifested in some very challenging behaviors that require the highest levels of professional response and treatment. Throughout the audit, the auditor witnessed treatment protocols and professional conduct that were focused on and responsive to residents' needs. The tireless commitment and dedication of the staff at SPRTC is impressive.

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. The auditor interviewed a staff member from the local rape crisis center who was at the facility to speak with one resident.

Ms. Witt and the auditor were staying in Colorado Springs and drove to the facility on Wednesday, March 21, 2018. They arrived at the facility at approximately 8:45 a.m. and were met by Mr. Miller and Ms. Billington. The Entrance Meeting began at 9:30 a.m., in attendance were Ms. Witt, Mr. Miller, Ms. Billington, Mr. Andy Ruble, Human Resources Director, Ms. Tammy Allen, Education and Special Education Director, Ms. Marie Castellucci, Clinical Director, and Mr. Tim Martinez, Clinical Supervisor. The Facility Director and the Administration Director welcomed the auditor and provided an overview of the agency and this facility. The auditor thanked the Abraxas/GEO leadership team for being involved in the PREA certification process. The auditor said he had done the previous PREA Audit of SPRTC in 2015 and was honored to be asked to do this audit. The auditor then reviewed the audit process and the audit schedule.

The PCM gave the auditor the list of employees who were working the days of the audit and a list of the residents in the facility. The auditor selected a total of twelve staff from across the shifts for the random interviews and interviewed 14 staff in the specialized categories. The specialized categories included the Facility Director, the PREA Compliance Manager, the Human Resources Manager, medical and mental health professionals (2), the PREA Investigator, a contractor, two staff members who Perform Screening for Risk of Victimization, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, and two Intake Staff and a counselor from the victim's assistance agency. Some staff have multiple PREA responsibilities and were interviewed more than once if their duties covered more than one specialized area. The GEO PREA Director was interviewed earlier by another auditor doing another GEO audit.

The auditor also randomly selected 16 residents, selecting at least one resident from each living unit. Of the 16 residents, 8 were identified as being in the targeted groups. In fact, 15 of the 16 residents the auditor selected qualified for the targeted populations. Eight residents were considered random interviews, although they were asked the targeted questions, as well. In total, of the sixteen randomly selected residents, four had reported sexual abuse or sexual harassment in the facility, one had a disability, three identified as transgender and identified as two gay, and five had disclosed prior sexual abuse during screening. Isolation is not used at SPRTC.

In all, the auditor conducted 42 interviews during the SPRTC audit.

The site review of the facility began at 10:00 a.m., following the Entrance Meeting. Accompanying the auditor on the tour were Ms. Witt, Doug Lewis, Program Manager, and Tammy Allen, Education Director. All areas where residents may be found were reviewed, including the cottages and the academic building. The tour ended at 1:00 a.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 99 residents in the facility, 44 females and 55 males. The average length of stay is 5 to 6 months, but some residents can stay a year or longer.

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. Not all the residents were aware that support services are available in the community for emotional support for sexual abuse victims. 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. A few residents said they were informed about PREA by the staff transporting them to the facility. Two of the 16 residents interviewed said they were concerned about being sexually abused at the facility. One of the residents said he had reported his fear to his therapist. The concerns/fears of the two residents were communicated to the PCM by the auditor.

There are 184.8 authorized positions and 147.6 budgeted positions at SPRTC. At the time of the audit, there were 148 staff on the payroll. The difference between the authorized and actual number of staff is 36.8 positions, but given the reduced population, the auditor found the current staffing level to be appropriate.

The auditor reviewed 17 PREA investigation files, with the facility investigator. The investigations covered the period from April 14, 2017 through February 22, 2018. Of the 17, three allegations alleged resident-on-resident sexual harassment. Two of the allegations were substantiated and one was unsubstantiated. Twelve of the 17 investigations were allegations of resident-on-resident sexual abuse. Of these, six were substantiated, 5 were unsubstantiated, and one was unfounded. One allegation was staff-on-resident sexual harassment. That finding was pending at the time of the audit. One allegation was staff-on-resident sexual abuse. That allegation was determined to be unfounded.

Allegations are investigated by the Colorado Department of Human Services, the Canon City Police Department, the SPRTC investigators and the Office of Professional Responsibility at the GEO Corporate Office.

With one exception the auditor found all the investigations were promptly completed, thorough, and objective.

The auditor reviewed five personnel files and documented that employees acknowledged at the time of hire, that they have not been involved in behaviors listed in 115.317. There was also documentation that staff also make the acknowledgement as part of their annual evaluations and when they are considered for promotions. All 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.

Five training files were also reviewed and found that employees received and understood the required PREA training.

Six case files of residents were examined. There was documentation in each file that the resident had received his/her initial screening for risk of victimization and abusiveness and follow-up assessments throughout the resident's stay. There was also written documentation, signed by the residents, that they had received the PREA education at the SPRTC.

The facility does not use isolation. Time out rooms are utilized in the school, but the use of these rooms is time limited and a resident is never in the room overnight. In these "time-out rooms," the residents are always under the direct one-on-one supervision of a staff member.

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 4:30 p.m. on March 23, 2018, when the on-site audit was completed. In attendance were the Abraxas Senior Manager for Compliance, the SPRTC Facility Director, the Administration Director/PCM, the Clinical Director, the Education Director, the Human Resources Coordinator, and a Program Manager. The GEO PREA Director participated by phone. The auditor thanked 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 issues needed further review and that he found three standards that needed corrective action. Those standards are 115.335, 115.353, 115.367. The specific issues will be described in the standard narrative. While the auditor could not give a final finding, he stated that overall the audit was well organized and that it was obvious that GEO Abraxas and the 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 with a resident population capacity of 152 licensed treatment beds male and female residents, 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 Canon City, Colorado.

SPRTC provides male and female behavioral health care programs that are gender specific. There is also a program for "Male Sexual Misconduct" and "Female Sexual Misconduct." Substance abuse services are provided to residents with addictions.

SPRTC provides two very specialized programs. The Medicine Bear program is a holistic and culturally relevant Native American treatment program. The treatment philosophy is based in the Sacred Circle/Medicine Wheel Teachings integrated with Evidence Based Therapeutic Intervention.

The Haven program is a trauma-focused recovery program for young victims of sexual exploitation. Haven offers an exceptional blend of a safe house for victims of child sex trafficking along with the comprehensive therapeutic services of a residential treatment center for youth with mental and behavioral disorders. "With an emphasis on cognitive, experiential, and trauma-focused therapies, Haven provides a safe, nurturing environment where adolescents who have been involved in sex trafficking can experience physical, emotional, and social healing" (Source: SPRTC Web site). The SPRTC clinical, medical, and educational teams work collaboratively to ensure a holistic restoration experience through an array of program services.

SPRTC describes The Phoenix Academy as "a private facility school licensed by the Colorado Department of Education offering educational and vocational services for students who have experienced significant difficulty functioning in their homes, communities, and schools. The Phoenix Academy strives to assist students in addressing behavioral, and academic issues that prevent them from being successful in the traditional classroom setting. The goal of our educational program is to help students develop the skills necessary to be successfully reintegrated into a mainstream educational environment and to be restored to a productive, contributive, and healthy lifestyle."

The SPRTC is a campus-like setting consisting of nine housing units, a school, gymnasium, administration building, medical/office building, large recreation field, commercial kitchen/dining area, and a maintenance building. The Medicine Bear Program has a Sweat Lodge. SPRTC also has a greenhouse on the property as part of the education/life skills program. The staffing plan ensures there are sufficient staff on duty at all times in order to meet clients' individual needs and to provide a safe environment. The employee-to-resident ratios are:

Female Behavioral Health and Haven Programs and the Male Behavioral Health Program:

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

Male and Female Offense Specific Program:

- During awake hours – 1:4
- During sleeping hours – 1:8

SPRTC has 84 video cameras that cover 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. The auditor reviewed recordings and found them to provide good images. Twenty-six new cameras were added since the last audit.

Sight lines in housing units and other areas provide for appropriate supervision.

SPRTC employees have the education, experience, and training to work with residents with significant challenges. 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, treatment and direct supervision to the residents. The SPRTC training department provides comprehensive training for staff to develop skills and competencies critical to effectively fulfill their job duties, including PREA Training.

All employees receive at least 70 hours of orientation training within the first two weeks of their date of hire prior to working with the residents. 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 hours of training, annually. PREA standards, policies, and procedures are a part of that training.

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.

The Phoenix Academy at Southern Peaks Regional Treatment Center is a private facility school licensed by the Colorado Department of Education offering educational and vocational services for students who have experienced significant difficulty functioning in their homes, communities, and schools. The Academy provides an approved standards-based curriculum and is staffed with licensed teachers, all certified in the subject areas in which they teach. The school meets the mandates for each student who has an Individualized Education Plan and is eligible for Special Education services. The Academy 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.

The auditor finds that as of September 13, 2018, the Southern Peaks Residential Treatment Center, Canon City, Colorado, meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	10
Number of standard met:	30
Number of standards not met:	0
Number of standards not applicable:	1

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 Director and is an upper-level manager. The PREA Director'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. Laurie Billington. Ms. Billington's is also the Administration Director at SPRTC. While her administrative duties involve considerable time, she stated she has the 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 prepares an Annual Facility Assessment (staffing plan). The facility has had no findings of inadequacy from any court or Federal investigative agency. SPRTC is in compliance with the Colorado Department of Human Services regulations and the Joint Commission standards.

The Facility Assessment describes all components of the facility's physical plant and identified some blind spots. Additional cameras have been installed to address blind spots. The October 2016 Assessment identified staff training as an area needing improvement. By the next Assessment in September of 2017, GEO/Abraxas had created a new training manager position for SPRTC and a person was hired for the position. It was noted in the 2017 Assessment that, "The addition of the Training Manager has improved the training department dramatically and has improved the overall delivery of training as well as the feedback received."

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. As previously stated, the placement of supervisory staff in the Female Behavioral Health and Haven Programs and the Male Behavioral Health Program is 1:8 during waking hours and 1:16 during sleeping hours. On the Male and Female Offense Specific Programs the ratio is 1:4 during waking hours and 1:8 during sleeping hours. 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. In these cases, staff are held over or called in to maintain the staffing ratios. Any deviation from the staffing plan would be documented.

The auditor also reviewed the activity schedule and found it to be very complete.

The 2016 Annual Assessment reported 15 allegations between October 2015 and September 2016. Three were substantiated, four were unsubstantiated, four were unfounded and in four cases the investigations were on-going. The 2017 Annual Assessment reported eight allegations between September 1, 2016 and August 31, 2017. One was substantiated, none were unsubstantiated, none were unfounded and seven cases were on-going investigations.

The auditor was given a copy of the facility camera map that identifies the location of each camera in the facility. As previously reported, the 2015 Assessment identified some blind spots that were corrected with when additional cameras were added.

The GEO PREA Director documents, in writing, that she has been consulted and reviewed the Annual Facility Assessment.

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 six “Unannounced PREA Rounds” checklists that supervisors completed when they visited each living unit and all other buildings. The checklist records the date and time the unannounced round was made. There is space where supervisors can document any needed corrective actions. The supervisor making the unannounced round must also ask at least two staff and two residents questions regarding what the staff members and residents know about PREA. 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 staffing ratios, the corrective actions that have been taken, the thorough camera map that was provided to the auditor, the procedure of asking staff and residents PREA questions during the unannounced rounds, the documentation of the “Unannounced PREA Rounds Checklist” 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.

Residents told the auditor that staff are not allowed to touch them when they are conducting searches. Residents said staff will use a wand when searching them.

All the 16 residents interviewed by the auditor also said the male and female staff announce themselves when coming into a living unit. The residents said staff will say “Male on the floor” or “Female on the floor.”

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 the GEO training on 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 had previously reviewed the “Limits to Cross-Gender Viewing and Searches” curriculum developed by the GEO PREA Director and found it to be very thorough. The facility provided written documentation that staff received the training.

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*."

An instructional poster on how to use *Language Line Solutions* is posted throughout the facility.

SPRTC has two staff who speak Spanish, one who speaks Russian, and one who can communicate in sign language. The "Youth Safety Guide" and the posters that inform residents about the Zero Tolerance Policy and how to report sexual abuse and sexual harassment are written in English and Spanish.

One resident was interviewed who was identified as being developmentally disabled. He reported that he had difficulty reading and understanding the PREA information, but that staff helped him to understand how he can report any sexual abuse or sexual harassment.

The SPRTC procedures prohibit the use of resident interpreters, readers, or assistants except in emergency situations. The Facility Director confirmed, in writing, that no residents have been used as interpreters, readers, or assistants during the audit cycle.

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, 12 CCR 2509-8, 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 if newly hired employees or contractors who may have contact with residents have any record on the Statewide Automated Database, commonly known as TRAILS.

SPRTC Policy 101.2.09 describes the background check procedures. Over and above the Colorado procedures, 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 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 five personnel files and confirmed the background checks and statements regarding prohibited behaviors were in the files. Statements for Annual Evaluations and two promotions were also observed.

The auditor also reviewed the files of two contractors and found the background checks had been completed.

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)

SPRTC expanded its physical plant since the first PREA audit by renovating the maintenance building to include a new school for the female residents that also has a new outdoor recreation field, basketball court, and a sand volleyball court. Both of these expansions are located within the fenced area of the female housing units which improves the separation of the female residents from the male residents and enhances security and sexual safety.

A new fenced recreation yard for males, that will be similar to the one for female residents, was being constructed at the time of the audit.

The facility was also in the process of installing electronic locks, facility-wide, that will include a PREA opposite gender announcing system (i.e., when a male staff member enters a female housing unit, an alarm will sound). The new locking system will also limit access to certain areas for specific staff members at specific times.

A new greenhouse/aquarium was also constructed behind the school for males. This is part of the expanded horticulture program that is included in the transition/vocational program in the school.

The facility was also freshly painted and several housing units and the school have new floors. All the floors are being replaced with wood laminate flooring. New metal bed/desk combinations have been installed in several of the housing units. These units bolt to the floor.

Following the first PREA audit in 2015, new cameras were installed. Additional cameras were installed in the male school hallways and one in each classroom. Nine cameras were mounted in the girls school. There is one in each classroom and three in the hall alongside dome mirrors. Additional cameras were also added in the administration building and at various outdoor locations. All the new cameras are in the HD format and provide focused and clear viewing. The Facility Director said SPRTC has a replacement schedule that enables the facility to add new cameras each year.

The auditor observed the very comprehensive video camera coverage during the site review. The auditor also reviewed previous recordings to confirm the retention period and evaluate the quality of the video. As previously noted, 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 allegation is a criminal act. The SPRTC investigators will initiate a preliminary investigation and work cooperatively with the Canon City 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. The Police Chief reported that all the police officers receive training at the Police Academy and in training sessions at the Canon City Police Department's "Mini Academy. He said officers are given updates throughout the year.

SPRTC has Memorandums of Understanding (MOU) with the Parkview Medical Center that states the hospitals will provide forensic exams, as needed, without financial cost and also

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). While the auditor was interviewing one resident, the resident reported that he had been physically assaulted that morning by another resident for reporting that the other resident had sexually harassed him. The accused resident threw yogurt on the resident's clothing during breakfast. The auditor immediately reported this assault to the CPM. During the discussion with the resident, the auditor, and the PCM, the PCM asked if the resident wished to speak to someone from outside the facility who could provide emotional support. The resident said he did. The PCM called Family Crisis Services. Within less than 30 minutes, a counselor from Family Crisis Services arrived at SPRTC to interview the resident. During that visit, the auditor was able to interview the counselor about the Family Crisis Services.

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.

Twelve of the 17 investigations the auditor reviewed involved allegations of resident-on-resident sexual abuse. These were investigated by the Canon City Police Department and the Fremont County Department of Human Services. Six of the allegations were substantiated.

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)

All the employees the auditor interviewed reported that they had received PREA training during their orientation and also during quarterly refresher training. Staff have to take a written test following the training. When asked questions about specific training content, the employees gave detailed information about the material that was covered.

The GEO Group has created a very comprehensive and robust training program that encompasses all the content 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 GEO training curriculum is covered on a 183 slide PowerPoint presentation. The curriculum is reviewed annually by the PREA Coordinator to ensure the information is current.

At the end of the PREA training, employees take a 23 question written exam that documents they have received the training. Employees also acknowledge, in writing, that they received the training and understand it. Staff are also given pocket cards during their training that describe the steps to follow if an allegation is reported. Several staff showed their pocket cards to the auditor.

The auditor was very impressed by the thoroughness of the PREA curriculum. For this reason, the auditor found that SPRTC exceeds the standard.

The auditor also reviewed the training files of five staff and found confirmation the employees had received PREA training as previously stated. Signed acknowledgement forms were in each file.

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 complete training program for contractors and volunteers. The auditor reviewed the 14-page curriculum and found the training included all the areas required under 115.331 (a) (1) through (11). The curriculum is very detailed and goes far beyond simply informing volunteers and contractors of GEO's Zero Tolerance Policy and how to report such, as the standard requires. 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. At the time of the audit, the facility had six contractors. The auditor reviewed the documentation that confirmed the contractors had received the training and understood it.

The auditor interviewed the contract psychiatrist by phone and confirmed that he 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)

All the randomly selected residents the auditor interviewed said they were given the PREA information during the intake process (usually within the first hour of their arrival). One resident said the staff discussed PREA with him as the staff were driving him to the facility.

A new resident receives information regarding the SPRTC's Zero Tolerance Policy and how to report allegations of sexual abuse or sexual harassment and the rules against sexual abuse and 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. The auditor reviewed six residents' files and found documentation in each file that the residents had received the training and the materials.

The GEO/Abraxas resident education is very comprehensive and detailed and covers all the areas in the standard and more. By reviewing the *Abraxas Youth Safety Guide* with residents individually and also in groups, the facility ensures residents are knowledgeable about the facility's Zero Tolerance Policy, how to report sexual abuse or sexual harassment and the rules against a sexual harassment. For this reason, the auditor finds SPRTC exceeds the standard.

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 two staff who have successfully completed the GEO Specialized Training for Investigators. The investigators completed a very comprehensive web based course taught by the PREA Coordinator. The training content was provided by The Moss Group and was funded by the U.S. Department of Justice through the PREA Resource Center. The auditor reviewed the lesson plan 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. The investigators took a written exam following the training which documented the employees had received and understood the investigator training. Because of the professional quality and scope of this training, the auditor finds 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). The PowerPoint has a total of 90 slides. SPRTC documented that the medical and mental health providers received the basic training and the specialized training, with one exception.

During the on-site audit, the auditor found the physician assistant had not completed the specialized training and refused to take the training. The auditor asked to speak to the physician assistant, but the person refused to talk with the auditor. The auditor informed the PREA Coordinator and the Facility Director that if the physician assistant did not take the training, the facility would not meet the standard. A few days after the on-site audit, the auditor was informed that the physician assistant had completed the training but had resigned and was no longer employed at SPRTC.

While the auditor found the facility did not meet the standard at the end of the on-site audit, the auditor is very familiar with the comprehensiveness of this specialized curriculum that involves several hours of training. Since the issue with the staff member has been resolved, this auditor finds that SPRTC 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."

The Auditor interviewed two therapists who performed the screening for risk of victimization and

abusiveness. The therapists said the screening is normally done during intake with a follow-up screening within 72 hours. Reassessments are done every 90 days.

The auditor reviewed six resident files and confirmed that the screenings for risk of victimization and abusiveness were being done within 72 hours. The auditor also confirmed that reassessments are being conducted every 90 days. 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 which includes the clinical director, the therapists, counselors, PCM, and others on an as needed basis.

If the screening indicates that a resident experienced prior victimization or previously perpetrated sexual abuse, he/she is seen by a therapist, normally within three business days.

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"

The therapists the auditor interviewed, who screen for risk of victimization and abusiveness, said that before a youth is assigned to a room, his/her Vulnerability Assessment score must match that of the roommate. A resident who has a history of being sexually abusive will be assigned a single-occupancy room.

During the site review the auditor visited all the housing units and observed the single and multiple occupancy rooms. Gay, lesbian, bi-sexual, intersex, and transgender youth are assigned to rooms throughout the facility according to the established criteria.

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.

The auditor interviewed three transgender residents and two gay residents. The transgender residents said they feel safe, that there is no separate housing for LGBTI residents, and that they

shower privately. The residents said they are searched at intake and anytime they return from a "pass." While the resident's clothing is searched, the resident is given a gown. One of the residents said other residents may make remarks because he is gay, but the staff treat the gay residents very appropriately. A transgender resident said, "Being in an accepting environment is helpful." One transgender resident said he would like to be assigned to the girls' unit.

Standard Reporting

§ 115.351 Resident reporting.

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

The sixteen residents that were interviewed by the auditor gave multiple ways of reporting sexual abuse and harassment allegations, including telling a trusted staff member, filing a grievance, telling a parent, a probation officer, or an attorney, and calling the PREA hotline. They also said they know they can make the reports in writing, verbally, to parents and probation officers (third parties), and anonymously. In fact, five of the residents stated they had made reports of sexual harassment or sexual abuse in SPRTC.

SPRTC does provide 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.

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

During the site review, the auditor saw signage 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. The brochure, "What you should know about sexual abuse," also informs residents how to report an allegation of sexual abuse. The auditor reviewed documentation of verbal allegations that had been reported to staff.

Employees may privately report allegations of sexual abuse or sexual harassment by calling the GEO Employee Hotline, the PREA Director at the GEO Corporate Office, the Chief of Security or facility management, Protective Services or the County Sheriff. 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 Harassment directly to the Employee Hotline, which is an independent, professional service, available Security or facility management privately if requested. They may also report Sexual Abuse or Sexual 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. The Youth Safety Guide, also states, "Remember: You can also file a grievance. Each Abraxas facility has a confidential process to inform therapists/counselors that a youth needs to speak with them. All staff members know what to do if you have been harmed and how to help you become safe."

When the auditor interviewed the 16 random residents, it was clear the residents were aware of the multiple ways to report an allegation of sexual abuse or sexual harassment, including filing a grievance. Residents are aware of the grievance procedures and how they work.

The administration stated that if a resident submitted a grievance that alleged sexual abuse or sexual harassment, the allegation would be immediately referred to the PREA investigator and taken out of the grievance process.

The Facility Director stated that no grievance had been filed alleging sexual abuse or sexual harassment since the previous audit. The auditor confirmed that the allegations that had been reported were reported either directly to staff or through a third party.

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 primary agencies to provide outside support services. SPRTC has a Memorandum of Understanding with Family Crisis Services, Inc., a domestic violence and rape crisis center located in Canon City, not far from the facility. SPRTC 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 SANE Program. This hospital will also make a victim's advocate available to provide support, as needed, at the victim's request.

During the on-site audit, the auditor interviewed a young male resident who had made an allegation of sexual harassment earlier. When the auditor interviewed the resident, the auditor noticed that the resident's shirt and pants were wet. The auditor asked the resident what happened and the resident told the auditor that the resident he reported for sexually harassing him threw a cup of yogurt on

him that morning during breakfast. The auditor was able to have the PCM and a counselor see the resident, immediately. The night before, when the resident reported the harassment allegation, the PCM asked the resident if he would like to speak to someone from the Family Crisis Services and the resident said he would. A call was made to Family Crisis Services. The next morning, shortly after the yogurt incident, a Family Crisis Services counselor was on-site and interviewing the resident. SPRTC also launched an immediate investigation into the physical assault that occurred at breakfast. The auditor was able to finish the interview with the resident later. The resident told the auditor he appreciated being able to talk to the counselor from Family Crisis Services.

The auditor was also able to interview the representative from the Family Crisis Services (FCS). The staff member told the auditor that the agency assists survivors of sexual assault and domestic violence, serves Fremont and Custer Counties, and is located one and a half miles from SPRTC. She stated FCS has three full-time employees and three part-time staff. She stated this is the agency that would handle any PREA Response from SPRTC or the Department of Corrections facilities in the two-county area. She said the FCS staff will respond in-person. The FCS staff member said she thinks this is the first time she has been called to SPRTC. In speaking specifically about this case, the FCS employee said she offered advocacy services to the young resident and he accepted, so she or another one of the staff will start to see the resident and provide advocacy services for as long as needed. She said FCS services are confidential and free. The staff member also said FCS has an out-reach coordinator who would be available to do training on FCS services and sexual assault and domestic violence for the staff and residents at SPRTC, if requested by SPRTC.

The FCS staff member said if a sexual assault/abuse happened at this facility, the victim would be taken St. Thomas More Hospital. This hospital has a Sexual Assault Nurse Examiner who is available 24/7 to examine and care for a sexual assault/abuse victim.

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, until the incident just mentioned.

During the interviews eight of 16 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 names of the agencies. Several of the residents said they know the contact information is on the posters throughout the facility. Seven residents stated they were not aware of any outside support services. All youth are given a brochure from Family Crisis Services, Inc. and the Sexual Assault Nurse Examiner Advocacy program at St. Thomas More Hospital. These brochures were also posted throughout the facility. One resident, as previously noted, called FCS and requested emotional support services and an advocate. The auditor did observe posters and brochures throughout the facility that provided contact information for FCS and St. Thomas More Hospital SANE program.

While nearly half of the residents did not know there were services in the community to assist victims of sexual assault/abuse or to provide emotional support, the auditor observed the signage in all the living units and elsewhere in the facility. As previously stated, the facility also provides informational brochures on these services to the residents. It must also be noted that SPRTC is a treatment program and has a clinical department that is staffed with highly qualified professionals, based on their academic training and previous work experience. Every resident is assigned to a clinician/therapist who sees the resident weekly, or more often, if his/her treatment plan calls for more frequent contacts. These therapists are well qualified to provide emotional support, as well as advocacy services to a victim of sexual abuse or sexual harassment.

On the other hand, the auditor felt when half of the residents did not know the name of any agency in the community that helps victims of sexual abuse that was a serious concern. A corrective action plan was put into place. Although SPRTC said outside community support is discussed during the intake orientation and education, this was reviewed, again, with the intake team to reinforce the importance of this information. Copies of the brochure from Family Crisis Services, Inc. were placed behind the plexi-glass in the units with the reporting posters. The PCM is also working with FCS to

schedule a time for the agency staff to come to SPRTC and do a presentation to educate the residents on the services FCS provides.

The auditor finds the facility now meets the standard.

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 youth requiring legal services". Almost all of the residents interviewed by the auditor said they have been committed to SPRTC and no longer have an attorney. They did say that if they wished to contact an attorney the facility staff would help them with that process.

Some of the youth said they still had an attorney or a Guardian Ad Litem that represent their interests.

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:

"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 or 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, specifically in areas where they can be seen by visitors. 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 103.1.15 titled, "Facility PREA Response Plan Following Resident Report" (LD-06) states:

"A. Reporting Duties (§115.361)

1. During the intake process, residents are informed of the facility's duty to report and the limitations of confidentiality.
2. Employees, student interns, contractors, and program volunteers are required to immediately report any of the following: a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility. b. Retaliation against residents or employees who reported such an incident. c. Any employee, student intern, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.
3. Any employee, student intern, contractor, or program volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to the Administrator On-Duty or designee.
4. The Administrator On-Duty or designee will immediately report all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the county children's services board, the designated child protective agency, or law enforcement authorities, in accordance with local laws and regulation, or of an alleged crime against a child or adolescent which would constitute a felony, including a crime allegedly committed by another child or adolescent which would constitute a felony if committed by an adult, shall immediately notify law enforcement authorities.
5. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.
6. If a juvenile court has jurisdiction over the alleged victim, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 24 hours of receiving the allegation."

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 understand 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 reporters 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.

When the auditor reviewed the 17 PREA investigations with the investigator, he observed ample evidence that they follow the reporting procedures and the provisions of this standard.

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 PREA Response Plan," in Policy LD-06, describes the procedures that must be followed when a staff member learns that a resident is at imminent risk of sexual abuse. The policy states the staff member will "take immediate action to protect the alleged victim."

The Facility Director and all the randomly interviewed staff stated that any resident who is at substantial risk of imminent sexual abuse would be immediately removed from the area/threat and would be placed 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 would also be removed from the area.

As stated in the previous standard, the auditor found documentation that residents are protected if they have made an allegation of sexual abuse or sexual harassment or the threat of sexual abuse or sexual harassment.

The Facility Director reported to the auditor that there have been no reports made regarding any resident being at risk of imminent sexual abuse since the previous audit.

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 a resident of SPRTC disclosed an allegation of sexual abuse that occurred at another facility, he would notify the director of the other facility and the appropriate child protection agency or law enforcement agency in that community, within 72 hours. The Facility Director said all contacts would be documented.

The Facility Director stated there have been no allegations of sexual abuse that happened at another facility since the last audit. He also stated there have been no allegations made by any other juvenile facilities regarding SPRTC.

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 12 random staff and a case manager and specifically asked what they would do if a resident told the employee that he/she had been sexually abused. Every employee stated the very first thing he/she would do would be to separate and protect the victim from the abuser. The employees also said they would notify their supervisors, keep the resident/victim with him/her, protect the scene, ensure the victim and the perpetrator, if he or she is known, are separated and do not shower, use the toilet, change clothes, or brush their teeth. The staff also stated these steps are on their pocket card and easily available for review if an abuse occurred.

SPRTC Policy 103.1.15 states,

"Staff First Responder Duties (§115.364)

Upon receipt of a report that a resident was sexually abused, or if an employee sees abuse, the first staff member to respond will:

- a. Separate the alleged victim and abuser;
- b. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel.
- c. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all residents from the room or area.
- d. Assign the alleged victim and abuser (resident or employee) to separate areas and ensure supervision by an employee.
- e. If the alleged abuse occurred within the past 96 hours, the employee(s) should prevent the alleged victim and abuser from taking any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating) until the forensic examination can be performed (if determined to be necessary).
- f. If the alleged abuser is an employee, student intern, contractor, or program volunteer, a supervisor will be assigned to stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave).
- g. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident.

3. Responsibilities When Sexual Abuse is Alleged

In cases where there is an allegation that a resident was sexually abused, responding supervisory staff will: a. Immediately notify the Administrator On-Duty.

LD-06 Facility PREA Response Plan Following Resident Report

- 1) The Administrator On-Duty will notify the Facility Director and the PREA Compliance Manager.
- 2) The PREA Compliance Manager will notify the Corporate PREA Coordinator within two (2) hours of the occurrence.
- 3) The Reporter will contact the county children's services board, the designated

child protective agency, or law enforcement authorities. 4) The Contracting Agencies shall be notified of the critical incident and provided a copy of the incident report as soon as possible but no later than 24 hours of the occurrence. b. Separate the alleged victim and abuser. They should not be allowed to communicate and should be held out of sight and sound of each other (See 2.d. above). c. Ensure that the alleged victim and the alleged abuser do not take any actions that could destroy physical evidence if the abuse occurred within 96 hours (See 2.e. above). d. Assign a staff member of the same sex to supervise each resident to ensure these actions are not performed. e. Secure or lock the potential crime scene and place off limits to any employees, student interns, contractors, or volunteers and/or residents until appropriate steps can be taken to preserve and to collect any evidence by trained persons. f. Conduct a brief inquiry with each individual separately and apart from each other to ascertain if the sexual contact was consensual or nonconsensual. • The alleged victim may be in shock, embarrassed to discuss the incident in detail, and even unable to give very much detail. If this is the case, being empathic, understanding, and sensitive is very important. Opportunities to secure more details will occur later. g. Notify a facility administrator of allegations of sexually abusive behavior in which an employee is the alleged abuser. Only facility administration shall be notified of the specifics of the allegation. Reporters will make appropriate notifications to the county children’s services board, the designated child protective agency, or law enforcement authorities. An Administrator On-Duty, designee or the PREA Compliance Manager will verify that all persons who played an active role in the response document their actions, providing as much detail as possible, and ensure they remain on duty until properly debriefed and relieved as appropriate. The information collected will be used to complete a Serious Incident Report.”

In reviewing PREA investigation reports, the auditor also observed documentation that these steps are followed any time there is a sexual abuse or sexual harassment allegation.

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) (see previous standard) 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 that enables staff 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)

The "PREA Response Plan Following Resident Report," Policy LD-06 states the procedures the facility staff who monitor for retaliation will follow in monitoring for retaliation against a resident or staff member who reports an allegation of sexual abuse or sexual harassment, who reports any staff misconduct that contributed to a sexual abuse or sexual harassment event or who cooperates in a sexual abuse or sexual harassment investigation. The resident's therapist or the PCM will be responsible for monitoring for retaliation and will meet weekly with resident or staff member who may be the target of retaliation. The therapist and/or PCM will address any concerns and verify the person has not experienced any type of retaliation. All contacts will be documented in the Protection from Retaliation Log and include any corrective actions taken to address any retaliation. The therapist or PCM, and the alleged victim of retaliation will sign the log after every contact and entry is made. Under the GEO/Abraxas Policy, monitoring continues for 90 days and can be extended for cause. Completed Protection from Retaliation logs are maintained in the investigation file. SPRTC provided several examples of the logs and the auditor reviewed retaliation logs in the investigation files.

The auditor interviewed a therapist who monitors for retaliation. The therapist explained that she would monitor for retaliation against a resident on her living unit. She said she would meet with the victim weekly, explain that she would be monitoring him/her to protect against any retaliation, and that she would be assessing behavioral reports and any changes in a resident's behavior. The therapist stated that the monitoring would continue for at least 90 days and could be extended longer if there was a need. A resident could have his/her room changed or 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 abuser could be moved to a juvenile detention facility or the Canyon County jail, pending trial the charge(s).

The therapist said she does not monitor for retaliation against staff for reasons of confidentiality. Protecting a staff member from retaliation would 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.

The auditor noted that not all of the Protection from Retaliation Logs were completed and did not always include the "Abuser Status," which is part of the form. For this reason the auditor did not find that SPRTC met the standard. Corrective action was taken and the procedure changed so copies of the logs are sent to the PREA Investigator who will ensure the log has been properly completed. A copy of the completed log was sent to the auditor. The facility meets the standard.

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 does 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 investigator, regarding PREA allegations that had been reported in 2017 and 2018. Of the 17 investigations, 13 allegations alleged sexual abuse (two resident-on-resident and one staff-on-resident) and 14 alleged sexual harassment (12 resident-on-resident and one staff-on-resident). Of those 12 sexual abuse allegations investigations, six resident-on-resident allegations were substantiated, five were unsubstantiated, and one was unfounded substantiated. The one staff-on-resident sexual abuse allegation was unfounded. There were three allegations of resident-on-resident sexual harassment of which two were substantiated and one was unsubstantiated. There was one allegation of staff-on-resident sexual harassment that was still under investigation.

Allegations that could be a crime are investigated by the Canon City Police Department and the Colorado Department of Human Services (DHS). When an allegation is made, the initial steps of the investigation are made by the SPRTC investigator in cooperation with the PCM. When the Police Department and/or the Colorado Department of Human Services become involved, the SPRTC investigator stands down until the police investigation and/or the DHS investigation are completed. If the allegation involves a staff member at SPRTC, the Office of Professional Responsibility at the GEO corporate office would also be involved. The SPRTC investigator would complete the SPRTC investigation and any administrative investigation when all other investigations are completed.

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. In reviewing the PREA investigations, the auditor noticed that great progress had been made in completing the investigations promptly, compared investigations that were reviewed in the previous audit. After the Canon City Police Department and DHS reports are submitted to SPRTC, they are forwarded to the PREA Director at the Corporate Office where a thorough review of the entire allegation is

conducted. 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 investigator has 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, by the Canon City Police Department 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 four residents who reported a sexual abuse at SPRTC. All four of the residents said the alleged abuser was another resident. Three residents stated that they know what

happened to the abusers (one was moved to a different living unit and two were removed from the program). The other resident had not been told about the decision, yet. When the auditor examined the 17 investigations, he reviewed documentation that residents were told of the investigation's finding and disposition of the case. In some cases, the resident victim had been released from SPRTC.

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 resident/victim 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, "GEO has a zero tolerance for sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or otherwise served by GEO. Therefore, sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination."

SPRTC Policy. 101.1.16 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.

Engaging in a romantic and/or sexual relationship with Youth 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 Youth. Retaliation against Youth 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 in SPRTC 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 reported there were no staff disciplinary actions related to PREA in 2016 or 2017. The auditor also reviewed the investigations and did not find any substantiated staff-on-resident allegations of sexual abuse or sexual harassment.

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.”

Regarding volunteers, GEO Policy 5.1.2B states, “3. Corrective Action for Volunteers (§115.377)
a. Any Volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Residents and shall be reported to law enforcement, unless the activity was clearly not criminal, and relevant licensing bodies. GEO is committed to investigating, and referring for prosecution, any Volunteer that engages in such behavior.
b. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Volunteer, the Facility shall notify the applicable GEO Contracting Authority who will take remedial measures, and shall consider whether to prohibit further contact with Residents.”

This policy is worded the same for contractors.

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. The Facility Director stated that no volunteers or contractors have ever been removed for violation of the SPRTC policy on sexual abuse or sexual harassment since March of 2015.

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)

GEO Policy 5.1.2-E regarding Discipline states, "Individuals in a GEO Facility or Program Disciplinary Sanctions (§115.78/§115.278) a. Individuals in a GEO Facility or Program who are found guilty of engaging in Sexual Abuse involving other Individuals in a GEO Facility or Program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.

b. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.

c. The disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.

d. If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate.

e. Disciplining an Individual in a GEO Facility or Program for sexual contact with an Employee is prohibited unless it is found that the Employee did not consent to the contact.

f. A report of Sexual Abuse made in good faith by an Individual in a GEO Facility or Program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

g. Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.

h. The PREA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.

i. The incident shall be reported to law enforcement, unless the activity was clearly not criminal."

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. Because SPRTC is a program that provides multiple and diverse treatment approaches and programming to young people who have a history of sexually aggressive behavior or young people who have a history of being sexually abused, therapy is an on-going part of the facility's programming. The clinical staff said a resident/victim of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Resident-on-resident abusers would be reassessed using the DHS Division of Youth Corrections Vulnerability Assessment Instrument - Risk of Victimization and Sexually Aggressive and Violent Behavior.

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 interviewed six residents who disclosed prior sexual victimization during screening and had discussed this with a therapist at this facility. The auditor also reviewed six resident files and saw documentation that confirmed that residents were offered a meeting with a therapist, when indicated. When the resident said they wished to see a therapist, he/she was seen within three days. The auditor also reviewed several completed assessments and Clinical Progress Notes provided by the facility which also confirmed the residents are seen by a therapist within three days. It should be noted that all residents are see by a therapist within 72 hours of intake. After the initial assessment and follow-up meeting, a new resident is assigned to a specific therapist.

The mental health professional told the auditor that 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.

Therapists 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)

SPRTC Policy 103.1.15 states,

"G. Treatment for Victims of Nonconsensual Sex, Abusive Sexual Contact, Staff Sexual Misconduct, OR JUVENILE SEXUAL MISCONDUCT:

1. A juvenile victim shall be taken to the facility's medical clinic for an initial medical assessment, during clinic hours. If after clinic hours, the facility's on-call medical protocol shall be followed. The juvenile shall be provided outside medical treatment pursuant to the Divisions' clinical protocols, and when necessary transported to a medical facility. When available and appropriate, the employee shall advocate that the juvenile be treated by the sexual assault nurse examiner program (SANE). The SANE program is preferred to ensure proper procedures are followed for the collection of evidence.
2. Victims that are SPRTC employees, contract workers, volunteers, or any persons providing services in the facility shall be immediately transported to a local medical facility for necessary medical care and the collection of evidence. The Facility Directors/Designee shall provide information on local support services to alleged victims.
3. Acute trauma care shall be provided to victims of nonconsensual sex, abusive sexual contact, staff sexual misconduct or juvenile sexual misconduct including but not limited to, treatment of injuries, HIV/AIDS education, and testing for sexually transmitted diseases. The facility shall utilize the safety and acute trauma plan, (see Attachment E). Ongoing counseling shall be provided by the agencies' clinical services provider to the juvenile victim(s) if deemed appropriate.
4. Victims shall be provided trauma assessment, crisis intervention, safety planning and address treatment needs.
 - a. A Mental Health Professional (Detention)/Clinical Services Provider (Committed) shall see the juvenile victim as soon as possible, but no later than the end of the following workday for assessment and crisis intervention as appropriate.
 - b. If the allegation is made after hours, the Clinical Director, on-call Clinical Services Provider or Facility Director/Designee shall arrange for appropriate follow-up.
 - c. Based on the results of the trauma assessment, the Mental Health Professional/Clinical Services Provider shall develop a short-term trauma plan (i.e. psychiatric care, medication, mental health counseling, etc.) and on-going counseling plan as needed."

Nurses are at the facility 7 days a week from 7:00 a.m. until 10:00 p.m. Because this is a residential treatment facility, SPRTC has an experienced and well-educated staff of Qualified Mental Health Professionals who provided staff coverage seven-days a week. In addition, there are clinicians on-call after normal business hours.

The nurse told the auditor a resident victim of sexual abuse would be transported to St. Thomas More Hospital that has a SANE Program. The hospital is located in Canon City, not far 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 the SANE Program at St. Thomas More Hospital, if needed.

The nurse told the auditor that a female resident/victim of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. This would be done at St. Thomas More Hospital.

These services would 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)

The Nurse Administrator and the Clinical Director told the auditor that residents who have been victims of sexual abuse will be offered continuing medical and mental health treatment. These services will become part of the resident's overall SPRTC treatment plan. St. Thomas More Hospital would address many of the medical issues with the resident at the time the resident is seen at the hospital. If the resident is nearing his/her release from SPRTC, evaluation and treatment services would include services for continued care, as appropriate, following his/her 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. The therapists have a caseload of eight residents which enables the therapist to have almost daily contact with his or her

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. These services would be provided primarily by St. Thomas More Hospital. SPRTC nurses would follow the directives of the hospital and the SPRTC physician.

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.

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 and a screening for risk of victimization and abusiveness on all sexual abusers within 14 days of admission. Any time there is a substantiated allegation of sexual abuse, the resident who is identified as the abuser will be re-evaluated by his/her therapist as soon as possible. The therapist said a revised treatment plan would be developed.

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 auditor was told that when 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 that lead up to the abuse or harassment allegation. This is done to identify issues that can be corrected immediately. The administrative team also serves as the Incident Review Team.

After the Police investigation and/or the DHS investigation SPRTC would complete its investigation and all the information would be forwarded to the PREA Director at the Corporate Office for review.

When the investigations and reviews are completed, the PCM told the auditor the Incident Review Team meets and considers those areas listed in 115.386 (d) (1) through (5). The Team then prepares an After-Action Review Report. When the auditor reviewed the 17 investigation files, he found an After-Action Review Report in 16 of the 17 files (one was misplaced) and found they were comprehensive and complied with all 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 a PREA investigation is completed by all the parties, a PREA Incident Report Survey is completed. This multi-page survey 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. This is done throughout the GEO Corporation.

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 publishes a comprehensive PREA Annual Report that reports PREA data from all of its facilities. The Annual Report identifies issues needing attention, corrective actions to be taken, training that has been done, and policies and procedures that have been enhanced. The auditor was very impressed by the thoroughness of the data and the professional approach taken in the writing 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 this information 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 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. The auditor finds that as of September 13, 2018, the Southern Peaks Residential Treatment Center, Canon City, Colorado, meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



Auditor Signature

September 22, 2019

Date