Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: Click or tap here to enter text. ☒ **N/A**

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 14, 2021

Auditor Information

Name: Robert Manville	**Email:** robertmanville9@gmail.com
Company Name:	
Mailing Address: 168 Dogwood Drive	**City, State, Zip:** Milledgeville, Ga.
Telephone: 912-486-0004	**Date of Facility Visit** July 26–July 27, 2021

Agency Information

Name of Agency: The GEO Group, Inc.			
Governing Authority or Parent Agency *(If Applicable):* Click or tap here to enter text.			
Address: 4955 Technology Way, Boca Raton, Florida		**City, State, Zip:** Boca Raton, Florida 33431	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: www.geogroup.com/PREA			

Agency Chief Executive Officer

Name: Jose Gordo	
Email: jgordo@geogroup.com	**Telephone:** 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya	
Email: tmasodemoya@geogroup.com	**Telephone:** 561-999-8116
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President Contract Compliance	**Number of Compliance Managers who report to the PREA Coordinator: 83**

Facility Information

Name of Facility: Southern Peaks Regional Treatment Center			
Physical Address: 700 Four Mile Parkway		**City, State, Zip:** Canon City, Co 81212	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: **htttp://www.geogroup.com/**

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: **The Joint Commission**

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name: Brandon Miller	
Bmiller@abraxasyfs.com	**Telephone:** 719-276-7500

Facility PREA Compliance Manager

Name: Laurie Billington	
Email: Lbillington@abraxasyfs.com	**Telephone:** 719-429-0708

Facility Health Service Administrator ☐ N/A

Name: Laurie Billington	
Email: Lbillington@abraxasyfs.com	**Telephone:** 719-429-0708

Facility Characteristics

Designated Facility Capacity:	125
Current Population of Facility:	45
Average daily population for the past 12 months:	40

Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	10-21
Average length of stay or time under supervision	5 months
Facility security levels/Resident custody levels	Staff Secure

Number of Residents admitted to facility during the past 12 months	131
Number of Residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	131
Number of Residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	128
Does the audited facility hold Residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No

Select all other agencies for which the audited facility holds Residents: Select all that apply (N/A if the audited facility does not hold Residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☒ Other - please name or describe: Colorado Department of Human Services, Colorado Division of Youth Corrections, multiple out-of-state contracts, and private pay clients ☐ N/A

Number of staff currently employed by the facility who may have contact with Residents:	46
Number of staff hired by the facility during the past 12 months who may have contact with Residents:	125
Number of contracts in the past 12 months for services with contractors who may have contact with Residents:	1
Number of individual contractors who have contact with Residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with Residents, currently authorized to enter the facility:	0

Physical Plant

Number of buildings: **Auditors should count all buildings that are part of the facility, whether Residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house Residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	6
Number of Resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house Residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows Residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	12
Number of single Resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	12
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-Resident or Resident-on-Resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-Resident or Resident-on-Resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*	☒ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

GEO Abraxas contracted with Robert Manville to conduct the PREA audit for Southern Peaks Regional Treatment Center. The primary sole auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases.

On June 4, 2020, Southern Peaks Regional Treatment Center (SPRTC) placed Audit Notices (in English and Spanish) in strategic locations throughout the center where client routinely live, enter and exit buildings, and participate in programming.

Southern Peaks Regional Treatment Center was asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the center on April 5, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

On the day of the audit the center was housing 30 female and 15 male clients. At the time of the audit the facility was employing 46 full time staff. Due to the pandemic the population of the center was reduced, and the facility has had a shortage of applicant to apply for positions. The facility is managing a ratio of 1 to 8 during waken hours and 1 to 16 during sleeping hours.

Site Review:

The onsite audit of the facility was conducted on July 26-27, 2020. Immediately following the opening meeting, a tour of Southern Peak Regional Treatment Center was conducted. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed potential blind spots, and physical supervision requirements as applied to a community correctional confinement center. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can clients shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance

policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Manager makes continuous rounds throughout the center. The assistant regional administrator is also actively involved in the facility youth management programs. Staff announce their presence prior to entering a dormitory housing client of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and Abraxas PREA hotline.

Staff Interviews:

The center is staffed by 46 persons at the time of the audit. When completely opened the facility has a staffing plan of 153 staff and a population of 152 clients. The facility administrator oversees the overall operations of the complex. There are a minimum of two staff always assigned to the facility. The facility requires a minimum of one (1) direct care staff for 8 clients during waken hours and a minimum ratio of one (1) direct care staff for 16 clients on duty during sleeping hours. The facility increases he staffing ratio based on the program needs of the facility. The facility operates as a cohesive group with two staff and one Group Leader providing supervision and support of up to 16 clients. Each client has a staff advocate that provides daily interaction and feed back to the clients and completes a weekly progress review with the client.

A total of 16 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and clients, and their perception of sexual safety and appropriate offender privacy issues. Ten (10) specialized staff were interviewed. The specialized staff included the Assistant Facility Director (PREA Compliance Manager), Nurse, Mental Health, Administrative Assistant, retaliation monitor, Incident Review Team member and Director's designee These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee and Agency PREA coordinator. Telephone interviews were also conducted with staff of Kindred Kids Child Advocacy Center.

Client Interviews:

At the time of the audit there were 45 clients assigned to the facility. There were 30 female and 15 male clients housed at the facility. Nineteen random clients were interviewed. Three clients claimed history of victimization were interviewed. All clients at the facility are interviewed by licensed therapist and discuss history of victimization within first 24 hours of arriving at the facility. None of the client claimed sexual abuse, or any sexual orientation that meets the working group targeted population. While several of the clients have mental health diagnosis, none of the clients were cognitively challenged.

Staff Employee File Review:

The auditor requested random personnel background checks and reviewed ten employee training records and one contractor files. All files had appropriate background checks, child registry reviews and PREA background review of staff that had been promoted.

Staff Training Records:

Ten staff training records were reviewed. Including in the training records review were the facility director, medical staff, contractors, and six random staff. All training records revealed that staff have attended training a minimum of once a year. Specialized training for medical staff and investigators were noted in their training files. All employees receive at least 70 hours of orientation training within the first two weeks of their date of hire prior to working with adolescents. Following the initial orientation training, employees participate in mentorship and on-the-job training totaling 40 hours within the first few weeks of beginning their job duties. All full-time employees are required to receive a minimum of forty annual training hours.

Client File Review:

Ten client files were reviewed. The client's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA education. Each client file also contains updates of the client's progress in meeting treatment objectives. Initial Screening occurs within the first 4 hours of the client arrival at the facility. Rescreening is conducted 25 to 30 days after their arrival. Further rescreening occurs at least once each year. PREA initial orientation and formal comprehensive training occurs within 72 hours of the client arrival at the facility. Additional training is provided by staff on a continuous basis.

Investigation Review:

There were 16 allegations of sexual abuse during the last 12 months. All allegation claimed action that could be criminal in nature in a juvenile facility and were investigated by the local police department. Four of the allegations were closed by police with none referred for prosecution. Three of these allegations are being reviewed by cooperate office and one has returned to the facility as unsubstantiated.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the client, Resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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

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. Through Telehealth technology, a psychiatrist provides weekly services to the facility.

This is a facility that provides treatment and support services to young people who have experienced severe abuse and trauma in their lives. More than half of the clients have a mental health diagnosis.

On July 26, the auditor and Assistant Director that also serves as the PREA compliance manager (PCM) review the itinerary for the audit and discussed the information that the auditor was going to need to review on site.

After meeting with the PCM a tour of the facility was conducted. During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can clients shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center. The tour revealed adequate staff coverage, and physical supervision. The staff showed the auditor mirrors and camera additions from previous audit and yearly Safety reviews conducted by GEO on behalf of Abraxas.

Southern Peaks Regional Treatment Center has an open area concept which resembles a small college campus. There are buildings located around a large courtyard that provides free movement. The entrance of the campus is an administrative building that provides work areas, conference rooms and records areas. There is a staff member that ensures persons entering the complex are appropriately credentialed.

Once leaving the administrative building the education building, gymnasium are located on the right side of the courtyard. There were cameras located throughout the education building. There was a PREA Poster board located in the hallway of the education building.

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 gymnasium has a bathroom that has appropriate partisans to resident to use the restroom without being viewed by staff.

To the left side of the courtyard are three (3) H shaped housing units that are divided into four sleeping areas in each housing units. There is a spacious day room and dorm style beds leading from the day room. Each dormitory houses up to 16 clients. Each of the dormitories have bathrooms that include partitioned toilets, curtain off showers and private dressing areas in front of each shower. There were cameras located throughout the living units. None of the camera were positioned to allow person to see any clients naked.

In each of the housing units are PREA bulletin board that provides ample information on how to report, how to avoid being exploited, zero tolerance policy, GEO reporting posters, victim advocate posters including phone numbers and notice of the audit.

Most of these areas had cameras and no blind spots were noted while touring these areas. There are PREA posters in each of the areas above. The facility has over sixty-four cameras strategically located thought the campus. Camera videos a stored up to 90 days.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded:

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator:

Standard 115.321: Evidence protocol and forensic medical examinations

Standard 115.341: Screening for risk of victimization and abusiveness

Standard 115.342: Use of screening information

Standard 115.353: Resident access to outside confidential support services and legal representation

Standard 115.365: Coordinated response

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B

Southern Peaks Regional Treatment Center Policy 103.1.15 PREA Policy
Corporate PREA Organizational Chart

Southern Peaks Regional Treatment Center (SPRTC) Policy 103.1.15 PREA Policy Facility requirements and company and facility organizational charts meet the requirements of this standard. SPRTC policy establishes a zero-tolerance standard for the incidence of juvenile nonconsensual sex, abusive sexual contact, and staff sexual misconduct; makes prevention of juvenile nonconsensual sex, abusive sexual contact, and staff sexual misconduct a top priority in the facility. Southern Peaks Regional Treatment Center (SPRTC) has a zero-tolerance policy relating to nonconsensual sex, abusive sexual contact and staff or juvenile sexual misconduct. It is the policy of the SPRTC to report incident to law enforcement for those who engage in such conduct.

GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts his position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The center's organizational chart illustrates the PREA Compliance Manager's position within Southern Peaks. The PREA Compliance Manager utilizes this role to accent PREA discussions in all elements of training and blends the requirements of PREA with a therapeutic program that relies on therapist client relationship. The GEO Group PREA Coordinator and facility's Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was enthusiastic about PREA. The center's team meets on a continuous basis to review and update PREA concerns.

The GEO Group has implemented a PREA tracking system that includes tracking of PREA incidents, investigations, retaliation monitoring, client notifications, after action forms to include all areas that must be reviewed by the incident review team, screening dates, rescreening dates, and mental health referrals from screening. All these components of the system are protected to only allow approved staff access. The system is available for the PREA coordinator and the PREA coordinators team to ensure compliance with standards. Corporate office is active involved in reviewing this data base including investigations, after action reports and compliance with timelines and best practices.

The agency and center policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Clients are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the client's manual, and postings distributed throughout the center (observed during the tour).

All written documents are available in English and Spanish. Additional interpretive services are available for clients who do not speak or read English. Both center staff and clients are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceed the standards with all the programs they have implemented to ensure the clients and staff understand its position on zero- tolerance. Exceed compliance was determined by review of agency organization chart, agency, and center policies, both staff and client training orientation power point presentations, posters, client's manual, and agency data base. Compliance also included interviews with staff, and clients to further provide exceed compliance with this standard.

Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency's Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors, and their representatives shall also comply with this policy, or the working relationship/contract may be severed.

Clients are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for clients who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind clients. Both institution staff and clients are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at SPRTC that youth feel safe and comfortable to discuss protecting each other from sexual abuse or sexual harassment.

Compliance was determined by review of policies, posters and interviews with staff and clients.

Standard 115.312: Contracting with other entities for the confinement of Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its clients with private agencies or

other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of Residents.) ☒ Yes ☐ No ☐ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B

The facility does not contract with other entities to house residents.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure.”)
  ☒ Yes ☐ No ☐ NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure.”) ☒ Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure.”) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure.”) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Southern Peaks Regional Treatment Center Policy 103.1.04 Staffing Plan
Southern Peaks Regional Treatment Center Policy 103.1.09 Youth Services and Discipline Unannounced Rounds
Annual Staffing Plans for 2019 and 2020

The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing to protect residents against abuse.

The facility is obligated by PREA standards and SPRTC policy to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

At least once a year, the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed

The facility requires that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility prohibits staff from alerting other staff of the conduct of such rounds

The facility management are actively involved in all aspects of the facility program, including making unannounced rounds during their shift and at other time when not assigned to be on duty. The center maintains a log of these reviews that confirm their visits.

Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred.

Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2020 were found to be in compliance with this standard.

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

The facility did not report deviations from the staffing plan during the past 12 months. The staff-to-youth ratios of a minimum of 1:8 during the client waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. SPRTC utilizes staff monitoring to protect the clientss from sexual abuse and harassment. Based on conversations with the PREA coordinator it was obvious that the facilities reviews all areas of the center for additional staffing and client's movement in order to meet the requirement of this standard.

The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators, toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours.

Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard. Staff could not meet with the auditor until they were properly relieved to ensure the facility always had a 1 to 8 ratio.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status 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? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Addendum to training records, explanation of code for cross gender pat down training
Statement of Fact
Southern Peaks Regional Treatment Center Policy 103.4.03 Quality assurance and Compliance

Due to license agreements Southern Peaks Regional Treatment Center cannot strip or pat search clients. Agency policies 5.08, 7.2, and 9.18 allow for pat-down searches in exigent circumstances. Based on interviews with staff and clients there have been no pat down searches in the last 12 months. Policy mandate that strip or cavity searches will not be conducted. Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandate that the center shall document and justify all searches.

All clients are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts except in the case of an emergency, by accident. All toilets have doors, and all showers have curtains. Life Skill staff of the same gender as the residents supervise the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain

in the bathroom area providing awareness supervision. Staff announce their presence when entering a housing unit.

A tour of the center found that all areas that are utilized for housing clients have necessary barriers to allow client to shower without being viewed by person of the opposite gender and privacy from other clients during the showering process.

The facility has implemented procedures, guiding staff, and ensuring youth are able to shower, change clothes and perform bodily functions without being viewed by female staff. Direct care staff and youth interviews and shower and bathroom procedures confirmed the practices for youth being provided reasonable privacy as they perform bodily functions, shower, and change clothes. A youth enters a shower stall dressed and is dressed in his clean clothes when he exits the shower. Staff and youth interviews and observations confirmed female staff members generally announce their presence upon entering the dorms.

A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. All of the random interview staff confirmed that there have been no searches during the last 12 months. Compliance was determined by review of the training plan, interviews with staff and clients.

Standard 115.316: Residents with disabilities and Residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that resident with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (If "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
Language Contract for Services
All Posters are published in English and Spanish

SPRTC includes polices and directives that clients with disabilities and clientss who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that clientss with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with clients with disabilities, including clientss who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Clients receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner:

The comprehensive education is accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the clients who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on client interpreters. The center has contract with an interpreter, and written translation services. All

staff indicated they would not utilize clients to provide interpretation services. Compliance was determined by review of the MOUs and contracts, interviews with random staff and review of documented training programs utilized for client education.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Southern Peaks Regional Treatment Center Policy 101.2.09 Employment Requirements
Background Checks
Five Year Background Checks
Contractor Background Checks
Child Registry Checks

SPRTC shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.
1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in 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.
4. DYS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.
5. Before hiring new employees who may have contact with youth, the division shall adhere to Department of Social Services (DSS) Policy 2-107 Background Checks.
6. DYS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

7. DYS shall conduct annual criminal background records checks as defined in DSS 2-107 background checks on current employees, volunteers/student practicums, and contractors who may have unsupervised contact with youth

Prior to offering employment the facility will conduct a Child Registry Review and a NCIC background check within 10 days of employment. Once an individual is approved for hire, the new employee begins the training and orientation process. The PREA coordinator interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. The agency conducts a yearly review of all applicants utilizing a Statewide background history as indicated above and notifies the facility of any staff that have adverse background information. Additionally, the volunteers and contractors who have contact with clients have documented criminal background checks and yearly reviews of background history.

GEO mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients.

Prior to determining compliance the auditor requested background and child registry reviews of five newly hired staff and five staff that had at least 5 year tenure at the center. The auditor also review the PREA background questionnaire that all staff applying for a promotion must provide. Compliance was determined by review of personnel and PREA policies, interview of the PREA Coordinator, and administrative (human resources) staff.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
Invoices and Camera upgrades

SPRTC has made modification as of a result of past audits. The center undergoes an annual Staff Violence prevention and intervention review. Based on the latest review the center has also made substantial changes in cameras, and video recording. Compliance was determined by review of the annual review, based audit recommendations and centers corrections of the finding of the past audit. There were no blind spots noted during this audit.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, memorandum and agency or facility supplements were

SPRTC Policy 101.1.15 PREA Policy

MOU with Kindred Kids Child Advocacy Center.
MOU supported by Law Enforcement
Department of Human Services
11th Judicial District Attorney
St. Thomas More Hospital
Goodneighbor Mental Health Representative

SPRTC Policy 101.1.15 PREA Policy includes upon learning that a client may at substantial risk of imminent sexual abuse or has been sexually abused, immediate corrective action shall be taken which shall include the protections of the client(s).

All staff (including medical and mental health practitioners) shall report sexual abuse to the facility administrator and local law enforcement. All allegations of sexual abuse/sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents will be investigated either criminally or administratively.

The center would immediately notify the center executive staff. The center or executive staff would notify the Fremont County Department of Human Services will be immediately notified of any allegation of sexual abuse. The Canon City Police Department will also be notified if it appears the sexual abuse, is a criminal act. The SPRTC investigators will initiate a preliminary investigation and collaborate cooperatively with the Police Department and the Department of Human Services. The police department will follow the protocols of the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

The center has a MOU with Kindred Kids Child Advocacy Center for victim advocate and emotion support. The Center director was contacted and provided a review of the program and services available to clients at the advocacy center at no cost to the client. She verbally provided qualification of advocacy staff at the program and the services they provide to clients at SPRTC. The MOU not only has been signed by the center, it also has been endorsed by Law Enforcement, Department of Human Services, Judicial District Attorney, St. Thomas More Hospital and Goodneighbor Mental Health Services. The Advocacy Program would provide a qualified advocate to accompany guardian and youth to an appropriate setting for forensic examination. The center program is a therapeutic program and includes licenses and trained sexual abuse clinicians that would also provide victim advocacy services if it were determined that those services are needed. Representative of the Kindred Kids Child Advocacy Center advised their staff include train metal health professional and in addition receive training on the role of victim advocates and emotional support services. All services provided to youth as conducted without cost to the client or their families.
Exceed compliance was determined by review of the MOU, interviews with local law enforcement, hospital, and victim advocate program.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-E PREA Investigations Procedure
Memo to Law Enforcement requesting updates on investigations
PREA Mental Health Incident Report
Notification Report
Investigation Reports
MOU with Local Law Enforcement
GEO Website

The center ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All staff are required to refer all alleged incidents of sexual abuse, harassment, or misconduct to local police, local child protection services and the center's executive staff. The local Police Department investigates all allegations that may be criminal in nature. The Fremont County Department of Human Services may investigate any allegation of child abuse or neglect or may refer the allegations back to the center when there are four trained Sexual Abuse Investigators assigned. The GEO Abraxas may allow local staff to investigate or request a GEO regional trained investigator conduct the investigations. Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility administrator, staff, and clients.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
Staff PREA Training Module
Addendum to training records, explanation of code for cross gender pat down training

GEO Abraxas Employee Training policy mandates that prior to having contact with the clients all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the clients will be trained on:

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

Refresher training is conducted every year. Training records are documented on staff computerized training files. The training files contain each training provided including the

dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.

The center provide a power point presentation of the training program provided to staff. The power point presentation provided all the information noted in the policy. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for clients to openly discuss history of sexual victimization and PREA programs. Staff are required to either electronically or in persons sign documentation that they have received the training outlined above. There is a posttest required for all staff prior to completing the PREA training program.

A review of the training records of ten staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
Contractor and Volunteer training Curriculum

Prior to having contact with the clients all volunteers and contractors are trained on:

1. The Zero Tolerance Policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Clients' right to be free from sexual abuse and sexual harassment.
4. The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment juvenile facilities.
6. The common reactions of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between clients.
8. How to avoid inappropriate relationships with clients.

SPRTC employees have the education, experience, and training to effectively work with challenging clients. The program provides the highest quality of care, by employing staff members who possess the qualifications and competencies needed to effectively provide meaningful interaction, intervention, and direct supervision to the clients. The SPRTC training department provides comprehensive training for staff to develop skills and competencies critical to effectively complete their job duties. All employees receive at least 70 hours of orientation training within the first two weeks of their date of hire prior to working with adolescents. Following the initial orientation training, employees participate in mentorship and on-the-job training totaling 40 hours within the first few weeks of beginning their job duties. All full-time employees are required to receive a minimum of forty annual training hours. The Assistant Facility Director supervises or coordinates volunteer and contractors training and background check. A review of the contractor files maintained by the administrative assistant contained email verifying background checks and documentation of PREA training. Compliance was determined by review of the center policy, review of contractor files and interview Assistant Facility Director. The facility is not utilizing volunteers during the pandemic.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No

- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SPRTC Policy 103.4.01, Resident Intake Policy
Youth PREA Educational Material
Youth PREA Education Manual
Posters

Within 24 hours of intake, the center provides comprehensive age-appropriate education to clients regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.

The center provides client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to clients who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to clients through posters, client handbooks, or other written formats.

PREA and sexual safety training does not stop following initial and comprehensive training. It continues in staff and therapist. PREA reporting information is also posted on the dorms and in various areas of the facility.

Compliance was confirmed by review of the training curriculum, interview with direct care staff, facility administrator, and clients. Further compliance was determined review of center policy, language line services and training materials. Further compliance was determined by review of clients records and interviews with 19 clients. A discussion with several of the clients validated how clients utilize the training to address such things as inappropriate words that tend to exasperate sexual harassment.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a)
  ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).
  ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).
  ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
Specialized Investigator Certificate
Training Curriculum

GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There is four trained facility investigators employed at SPRTC. Training curriculum and certificate for GEO staff was provided. Compliance was determined by review of sexual abuse investigations, investigator's training records, review of policy and interview with sexual abuse investigator, and GEO Group coordinator.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Group Policy 5.1.2-B
GEO PREA Specialized Medical and Mental Health Curriculum
PREA Specialized Medical Training Certificate
PREA Basic Training Acknowledgment
Medical Care for Sexual Assault Victims in Confinement Setting
Specialized Training - PREA Medical and Mental Care Standards
Documentation of Training

In addition to the Zero Tolerance Policy, all full- and part-time medical and mental health care practitioners will be trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.
6. Medical and mental health practitioners shall inform clients at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.
7. SPRTC medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency for in conducting the investigation.

The facility Nurse provided training records indicated she had attended medical specialized training. A review of the certification confirmed that the staff have received specialized training. The Mental Health staff was interviewed confirmed that mental health staff received additional training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No

- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual Residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained during classification assessments? ☒ Yes ☐ No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SPRTC Policy # 101.4.09, Assessment and Treatment Planning
Screening Instrument
Initial Training within 24 hours
30-days reassessment for risk of sexual victimization and abusiveness.
Initial Mental Health Screening within 72 hours

Documentation of reassessment within 12 months

Prior to arriving at the facility, the Assistant Facility Director receives a synopsis of the client's strength and needs. When the client arrives at the facility, they are provided an informal setting to discuss the facility program and conducts the initial screening utilizing the PREA vulnerability review.

The center utilizes the prescreening, medical screenings, case files, center behavioral information, and other relevant documentation from the client's files to determine the client's vulnerability.

Sensitive information obtained will not be exploited to the client's detriment by staff or other clients. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all clients safe and free from sexual abuse and to reduce the risk of victimization.

Periodically throughout the client's confinement information is obtained about the clients' personal history and behavior to reduce the risk of sexual abuse by or upon a client. Information is gathered through staff conversations with the client, information provided by the probation department, and/or family member, and incident reports written by the staff. This information will be placed in the client's file and relayed to the facility administrator and team leader on duty. If warranted, the supervisor will notify the Assistant Facility Director to determine if further action is necessary.

Medical and mental health practitioners inform clients at the initiation of services of their duty to report and the limitations of confidentiality regarding information gathered. There was one client that claimed history of victimization during the interviews and indicated she continues to work with her therapist around the trauma.

Compliance was determined by review of the intake screening instruments, rescreening, interviews nurse, mental health provider, Assistant Facility Director and clients.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement

would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SPRTC Policy # 101.4.09, Assessment and Treatment Planning
Assessment Summary
30-days reassessment for risk of sexual victimization and abusiveness.
SPRTC Policy # 103.1.02 Room and Unit Assignment
Current At Risk Log
Example of transgender assessment and state of search preference

All information obtained upon intake and periodically throughout the clients' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all clients safe and free from sexual abuse.

The program utilizes the information gathered to make room and programming assignment with the goal of keeping the client safe and free from sexual abuse or sexual harassment. The Center's program prohibits from isolating clients from others.

Lesbian, gay, bisexual, transgender, or intersex (LGBTI) clients shall not be placed in housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider LGBTI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex clients to a center for male or female clients, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex clients shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the clients. A transgender or intersex client's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex clients shall be given the opportunity to shower separately from other clients.

The center has not segregated or removed clients from the program for a PREA incident in the last 12 months. The Assistant Facility Director indicated that the initial screening and any updated screening information is considered for placement of clients on a continuous basis.

Compliance of this standard were determined by review of the screening instrument, interviews with staff and Assistant Facility Director.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
Resident reporting
MOU with Kindred Kids
Attempted MOU with local Police Chief (verified they will accept, and report call from staff, clients, or third parties)
Posting located throughout the campus
GEO Employee Hotline
Colorado Child Abuse Hotline
GEO National Hotline Posters

Clients have the right to privately report sexual assault, abuse, harassment or retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to all staff, Volunteer, Intern, Supervisor, PREA Compliance Manager, and third parties. SPRTC provides youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s).

SPRTC provides multiple internal and external ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff and staff neglect or violation of duties that may have contributed to such incidents. Clients 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. Clients are provided and poster display the phone number for child abuse hotline, the victim advocate phone number, local law enforcement, Colorado Child Abuse and Neglect Hotline and The Fremont County Department of Human Services. Clients can also file a grievance regarding sexual abuse and sexual harassment. The client handbook describes the grievance procedures. The clients that were interviewed stated they know of multiple ways of reporting sexual abuse and harassment allegations and listed talking to staff, telling a family member, calling the hotline, and filing a grievance as examples. They also said they know they can make the reports in writing, verbally, via third parties, and anonymously. There are no clients detained solely for civil immigration purposes at this facility. During the site review, the auditor saw over fifty posters throughout the facility that informed clients how to report sexual abuse and sexual harassment. clients also said the staff do provide writing materials if they need them to make a written report.

Employees may privately report allegations of abuse. During training employees are trained on their options and posters are located in staff offices, control centers, and breakrooms. The posters state: “GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup or at the toll free phone number. Employees may also contact the Corporate PREA Director.

Compliance was determined by review of posters, policy, utilizing the reporting system, and interview with staff, and clients.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a residents, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within five calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Memorandum- Statement of Fact
Policy 5.1.2-B
Youth handbook

Policy 5.1.2-B mandates that facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:

l) No time limit on when a client may submit a grievance regarding an allegation of Sexual Abuse.
2) Clients have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint* Such grevance is also not referred to a staff member who is the subject of the complaint.
3) Third parties (e.g. fellow clients, Employees, family members, attorneys, and outside advocates) may assist clients in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of clients.
4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If a parent or legal guardian of a client files a Grievance regarding Sexual Abuse on behalf of the client, the client does not have to agree to have the request filed on his/her behalf.
5) Clients are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.
7) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by client in preparing any administrative appeal.
8) Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the client of the extension in writing.
9) At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any

properly noticed extension, the client may consider the absence of a response to be a denial at that level.

b. Emergency Grievances:

l) Clients may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.
2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
3) An initial response to the emergency grievance to the client is required within 48 hours and a final decision shall be provided within five (5) calendar days.

c. Clients may receive an intervention (i.e. counseling or a disciplinary report) for filing a grievance relating to alleged Sexual Abuse in bad faith.

d. The PREA Compliance Manager shall receive copies of all grievances related to Sexual Abuse, Sexual Harassment or Sexual Activity, for monitoring purposes.

The center provided a memo that there have been no allegations of sexual abuse or harassment received via the grievance process. There have been no emergency grievances filed. Compliance was determined by review of center policy, client handbook, grievance boxes located on the campus and interviews with clients and staff.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No

- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
SPRTC Policy 101.1.15 PREA Policy
MOU with Kindred Kids Child Advocacy Center.
MOU supported by Law Enforcement
Department of Human Services
11th Judicial District Attorney
St. Thomas More Hospital
Goodneighbor Mental Health Representative

The facility has established a MOU with a child advocacy program. The agreement allows client to victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers. The center has a posting throughout the center of outside support services available to clients. The child center advocacy services provides trained staff to support clients that request emotional support services. The advocacy services information is provided to client that claim history of sexual victimization. The center has visitation schedules for all parents and guardians and clients can call their parents several times a week. Attorneys are provided restricted areas to meet with clients. All services for advocacy services, attorney visits and child victimization must comply with State and Federal laws of reporting of child abuse. The MOU is supported by Law Enforcement, Department of Human Services, and Goodneighbor Mental Health. The center is a Therapeutic program and has trained staff to provide emotional support. When asked about the victim advocate program all of the clients knew the name of the program and services provided. When asked if they knew the victim advocate would provide emotional support most clients stated they had a therapist at the center that they would use them for emotional support. Exceed compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility, Pamphlet provided and interview with staff at the Kindred Kids child advocacy program and clients knowledge of the program and expectation that the client would feel more comfortable talking to their therapist.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
PREA Third Party Reporting Poster
GEO Website (Reporting Sexual Abuse/Sexual Harassment)

PREA Reporting Posters and GEO website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room, lobby and is found in the client handbook. GEO provides reporting system on GEO Website https://www.geogroup.com/prea provides information on ways for third party reporting including anonymous reporting. Poster include anyone needed to report 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, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Reports can be made over the phone, in person, in writing or anonymously if desired. Persons can also contact the Corporate PREA Office directly (561) 999-5827.

Compliance was confirmed by reviewing policies, posters, and GEO Website and by interviews with clients and PCM.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
Investigative Reports
Reporting Reports

The Abraxas GEO Group require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Further, all staff must immediately report any knowledge, suspicion, or information regarding retaliation against clients or staff who reported an incident of sexual abuse or sexual harassment. The reporting is ordinarily made to the supervisor on site or PCM but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged client victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. Policy mandates that Medical and Mental Health medical and mental health practitioners required to inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. GEO has developed multiple methods for staff to make anonymous reports. The staff were also aware of the several ways they may report this information to the GEO Group. The GEO website has specific instruction for employees to report directly to GEO PREA coordinator or outside resource for anonymous reporting. Staff were also aware of the many ways to receive reports from clients, families, friends or other third parties. A review of established policy, websites and interviews with staff members support the finding that the facility compliance with this standard. Compliance was determined by the review of Policies, GEO website and interviews with Medical Administrator, Mental Health Director, PCM, Staff, and Clients.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SPRTC Policy 103.2.08 Facility PREA Response Plan Following Resident Report Memorandum- Statement of Fact

SPRTC Policy 103.2.08 Facility PREA Response Plan Following client Report advises if an employee determines that a client is subject to substantial risk of imminent sexual abuse, he/she will take immediate action to protect the alleged victim. Employees should assume that all reports of sexual victimization, regardless of the source of the report (e.g., "third party") are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be managed in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive, and nonjudgmental.

Based on PAQ and statement of fact there have been no substantial risk of imminent sexual abuse.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
Memorandum- Statement of Fact

GEO policy 5.1.2-B, mandates that upon receiving an allegation that a client was sexually abused while confined at another facility, the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Director. In interview with the Facility Director designee and statement of fact in the past 12 months, no clients of SPRTC alleged that sexual abuse had occurred while they were confined to another facility.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
PREA First Responder Card
Staff Training Module

There was seven allegations of sexual abuse during the last 12 months. There was one allegation that was reported in time for staff to preserve and protect the crime scene.

Policy 5.1.2-B mandate upon receipt of a report that a client was sexually abused, or if an employee sees abuse, the first staff member to respond will:
Separate the alleged victim and abuser.

Call for emergency medical care for the victim, if necessary.

Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel.

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 clients from the room or area.

Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee.

If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g. , safety plan, administrative leave).

If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking , or eating).

Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).

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.

Staff should Document detailed description of

1) Victim and abuser locations and affect (e.g., emotions, appearance)

2) Wounds and their location

3) Anything the victim or abuser reported to the employee

3. Supervisory Employees' Responsibilities

The supervisor on duty will immediately notify the Administrator On-Duty. Tie Administrator on duty will immediately notify the Facility Director and the PREA Compliance Manager.

Address the alleged victim and ensure he/she is assessed by medical staff. Tie alleged victim must not be left alone until evaluated by a Mental Health Practitioner for suicide risk.

Ensure the alleged abuser remains under the direct supervision of a same sex employee to ensure he/she does not destroy potential evidence.

Compliance was determined by a review of center training plan, and interviews with all staff including the maintenance staff that does not deal directly with client.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Documented Response Plan

Coordinated response is the fundament principles that all staff are part of the coordinated to response for prevention, intervention, training, reporting ,screening and discipline. Each staff receive training on how to prevent sexual abuse or sexual harassment, how to intervene, how to educate, how to report, how to tell team leaders, or supervisors if a client report history of abuse or of abusive relations and how to provide immediate redirection for clients that make

sexual harassing comment to other clients or staff or how to talk frankly with staff about professional boundaries.

The center has developed an MOU with stakeholder to provide guidance as part of the coordinated response plan. The MOU incudes centers responsibilities and community support responsibilities. The MOU with Kindred Kids Child Advocacy Center includes advocacy, law enforcement, hospital, and mental health professional's role if a child is sexually assaulted at the center. Compliance was determined by staff cards to respond to sexual assaults, interviews with medical, mental health, life skill workers, therapist, PCM and outside agencies.

Standard 115.366: Preservation of ability to protect Residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2-B
Statement of Fact

GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with clients pending the outcome of an investigation.

SPRTC does not have a collective bargaining unit. Compliance was determined by review of the policies and review of investigative report.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2-A
Retaliation Log

Policy 5.1.2-B establishes for protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For ninety calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth, or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. At SPRTC the PCM monitors for retaliation. Monitoring steps include reviewing group, cottage, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.

During the last 12 months there were seven allegations of sexual abuse that was monitored for retaliation. There were two incidents when retaliation appears to have happened. Immediate and appropriate action was taken in each case. Compliance was determined by review of policy, interview retaliation monitor interview with PREA compliance manager.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
Statement of Fact
Intervention Logs

The Center's program prohibits from isolating clients from others. SPRTC is a therapeutic program and relies on appropriate intervention to manage youth. Isolating a child from others is not in the best interest of the client and would only be done for a short time to the client could be moved to a secure facility for possible criminal actions. No child has been segregated or transferred for a sexual allegation during the last 12 months. Compliance was determined by review of incident reports and interviews with PCM. .

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]
  ☒ Yes ☐ No ☐ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? ☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation Reports

GEO Policy 5.1.2.E establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated.

There were sixteen allegations of sexual abuse or sexual harassment made to staff at during the last 12 months. All cases were referred to the local law enforcement and Fremont County Department of Human Services. Fremont County Department of Human Services referred all cases back to the facility. However, since the allegations could be considered criminal in a juvenile facility all cases were transferred to the Police Department. Twelve cases have been completed by the local police department. One case has been closed by GEO Abraxas, three are under review by the cooperate office. Twelve cases are pending conclusion by the local police department. The PREA compliance manager has met with the new chief of police, and he has agreed to expedite the closure of the remaining cases. The PCM is meeting with the clients that made the allegations and advised them of the status of the investigations weekly. She is contacting the police department on a regular basis to determine outcome of the investigations. The report that was closed was thorough and included witness statements and preponderance of the evidence.

Staff that conduct investigations have received training on Sexual abuse investigations.

Compliance was determined by review of first responder duties and interviews with PREA coordinator, copy of certificate of training SPRTC staff and interview with Sexual Abuse Investigator.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation Reports

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated by policy, training, and review of investigative report. Investigators training programs provide in-depth clarification of this standard. Compliance was determined by review of policy, previous investigations, investigator training curriculum and interviews with investigator.

Standard 115.373: Reporting to Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions **for Overall Compliance Determination Narrative**

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
Example of Reporting to clients

The PREA policy mandates reporting to clients. Following a client's allegation that a staff member has committed sexual abuse against the client, the agency/facility subsequently informs the client (unless the allegations were determined to be unfounded) whenever:

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

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

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

(1) The staff member is no longer posted within the client's unit.

(2) The staff member is no longer employed at the center.

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the center; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.

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

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the center; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the center.

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

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

There has only been one closed allegation of sexual abuse in the last 12 months. This investigation was closed after the onsite audit. The PCM advise she would be forwarding the findings to the clients. Compliance was determined by review of the agency polices and interview with PCM manager and copy of agency form letter that includes the finding as noted above.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B

Investigation

Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Compliance was determined by review of the policy, staff training curriculum, and interviews with PREA coordinator, and review of Labor Contract.

1. All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they participated in sexual abuse of a clients, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.

2. Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.

3. All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement.

The facility reports during this audit period, one staff member was accused of inappropriate behavior with a client. The case is not closed, and the staff was advised to have no contact with the clients. Compliance was determined by review of agency policies and interviews with the Office Support Assistant responsible for personnel activities, and the PCM.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Documentation and the interview with a volunteer coordinator revealed the facility provides a clear understanding to volunteers and contractors that sexual misconduct with a youth is strictly prohibited. The PREA training includes clear directives to volunteers and contractors of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment of youth and repercussions of violation of this fundament principle. There have been no allegations of sexual abuse or sexual harassment regarding a volunteer or contractor during this audit period. Compliance was determined by review of Contractor files and interviews with PREA compliance manager and director's designee.

Standard 115.378: Interventions and disciplinary sanctions for Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
  ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No

- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B

SPRTC offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse and inappropriate behavior.

At the same time, the following guidelines will be considered for disciplinary sanctions.

a) Clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse.

(b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories.

(c) The disciplinary process shall consider whether a client'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 center offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the center shall consider whether to offer the offending client participation in such interventions.

(e) The agency may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There have been no disciplinary action for PREA related client action. Compliance was determined by review of policy, and interviews with client and PREA compliance manager.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

SPRTC Policy # 101.4.09, Assessment and Treatment Planning
Screening Instrument
Initial Training within 24 hours
30-days reassessment for risk of sexual victimization and abusiveness.
Initial Mental Health Screening within 72 hours
Documentation of reassessment within 12 months

If any of the intake screening forms indicates a client has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. All clients are interviewed by a medical and mental health professional within 24 hours of arriving at the facility. The Mental Health staff are provided the Screening instrument prior to meeting with the client unless mental health staff conduct the initial screening.

Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, education, and program assignments, or as otherwise required by Federal, State, or Local law. Compliance was determined by review of policy, intake screening documentations and interviews with mental health director, and PREA compliance Manager.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B
Memorandum mandating reporting and responding to medical emergencies or crisis intervention

GEO Policy 5.1.2.B requires client victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a client to the emergency room with specific documentation for the direct care staff. The facility utilizes St. Thomas More Hospital for emergency medical treatment and possibly forensic evaluations. Kindred Kids crisis center or mental health would provide advocacy services in cases of sexual abuse. Both staff were interviewed and stated they would provide this service and would collaborate with the parents, investigative units, and hospital to determine best staff to be involved in the advocacy services. Forensic examination will be conducted by a trained SANE staff at an appropriate child based location. While the MOU includes St. Thomas More Hospital, based on interview with the staff at SPRTC and Kindred Kids the decision of location for the examination would be based on the best needs of the youth.

The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Client victims of sexual abuse while at the center shall be offered tests for sexually transmitted infections as medically appropriate.

Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident. The center shall attempt to conduct a mental health evaluation of all known client-on client abusers when learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The center mental health practitioners will determine the length of treatment needed. Compliance was determined by review of policy, and interview with mental health director.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be* residents *who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be* residents *who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B

GEO Policy 5.1.2.B policy requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. There have been no investigations of alleged client's inappropriate sexual behavior that required a forensic examination.

Based on reviewing the mission and in interviews with all administrators at SPRTC, housing and programming at the center is part of a total program that includes community care specialist such as case specialist, medical care, mental health care, contracting mental health professionals and after care programs though care specialist and family support systems.

The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident.

The agency will conduct a mental health evaluation of all known client-on client abusers of learning of such abuse history and offer treatment when deemed appropriate by mental health Clinician. This would include working with the Victim Center advocacy program and revisiting the client's treatment plan. The client treatment plan is formulated by a team of care givers and is finalized by a review and in many cases an interview with an agency clinical director.

If the perpetrator were a client, he/she would also be referred to the case manager and clinical director to review the client's treatment plan and update appropriate mental health interventions.

The center shall offer medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized or have been a perpetrator of sexual abuse in a juvenile center (substantiated investigations). The evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care.

The facility provides follow up care for clients after they have completed the programs. If a client was a victim of sexual abuse, the facility would make arrangement to forward all information to a care provider in the client's residents for follow up services. Mental Health staff and the victim advocate indicated they would continue to provide emotional support and treatment services by phone or tele psychology when appropriate.

Compliance was determined by review of the first responder program, coordinated response plan and center policy. A review of a coordinated treatment plan following a finding of sexual abuse included all components of this standard. Compliance was also determined by interview with victim advocacy program, Staff at St. Thomas More Hospital and review of the agency's policy. Also compliance was determined by discussions with PREA compliance manager.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

GEO Policy 5.1.2.B
After Action Review

The Facility Director, Clinical Program Supervisor, and PREA Compliance Manager make up the facility's Incident Review Team. The team meets and the PREA Coordinator may attend

via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status, or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a PREA After Action Review Report and forwarded to the PREA Coordinator no later than ten working days after the review. The facility will implement the recommendations for improvement or document its reasons for not doing so. The Facility Director/PREA Compliance Manager maintains copies of all completed PREA After Action Review Reports and a copy is retained in the corresponding investigative file.

In the past 12 months, there has been no after action reports completed. When interviewed, the PREA Compliance Manager and mental health director knew their responsibilities as they relate to the review of sexual abuse incidents. Compliance with this standard was determined by a review of policy, After Actions Reports and interviews with PCM.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
GEO Annual Data Reports

A review of documentation supports the finding that the GEO and has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.

Compliance with this standard was also determined by a review of policy/documentation and an interview with the PCM and GEO Group PREA coordinator. The computerized data collections system allows the GEO Group with access of continuous and instant uniform data for every allegation of sexual abuse or sexual harassment.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B
GEO Annual Data Reports
GEO Log of incident in 2020

Policy 5.1.2-B requires that the agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator.

A review of the 2020 Annual Report indicated compliance with the standard and included all the required elements. During 2020 there were five (5) allegations of client on client sexual abuse. All allegations were being investigated at the publishing of the yearly report. There were no allegation involving sexual harassment and no allegation involving staff.

This data is used to improve the department as a whole and prevent sexual abuse. Problem areas will be reviewed and corrected as needed or at least once a year. The data collected will be compared to last year's data to find out if we have made progress in detecting sexual abuse and responded according to our policies. Any material that is redacted from the final report will be reported to the Agency PREA coordinator. Compliance was determined by interview with agency PREA Coordinator, Agency Head Designee, and review for Agency Website htttp://www.geogroup.com/PREA

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained? ☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Policy 5.1.2-B

All PREA files and related data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The agency makes the information available on the GEO website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and is retained in a file. Compliance with this standard was determined by a review of policy/documentation and interviews with PCM and Director designee.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Southern Peaks Regional Treatment Center was audited in March 2018. There were no correspondence received as a result of the PREA notice of Upcoming PREA audit postings. The center provided an email of picture assuring the information remained on the center interior bulletin boards on June 4, 2021. The auditor visited all areas of the facility during normal workday and during sleeping hours. The appropriate staff to clients were always noted as compliant. The auditor was allowed to move freely throughout the facility and was provided all document requested during the in briefing and throughout the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All PREA Audit Reports are maintained on the Agency's website. This was verified through reviewing the website. The website can be reviewed through

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any client or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville — August 14, 2021

Auditor Signature — **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.