

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: July 28, 2020

Auditor Information

Name: Joseph W. Ehrhardt	Email: josephehrhardt.prea@gmail.com
Company Name: Joseph W. Ehrhardt	
Mailing Address: P.O. Box 553	City, State, Zip: Ocean View, Delaware 19970
Telephone: 609-510-9440	Date of Facility Visit: June 15 – June17, 2020

Agency Information

Name of Agency: GEO/Abraxas Youth and Family Services			
Governing Authority or Parent Agency (If Applicable): The GEO Group			
Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Mailing Address: SAA		City, State, Zip: SAA	
The agency is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: George C. Zoley	
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge	
Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice-President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (44 prisons/jails; 36 re-entry; 8 youth; 14 ICE)

Facility Information

Name of facility: Abraxas I

Physical Address: 165 Abraxas Road

City, State, Zip: Marienville, PA 16239

Mailing Address: SAA

City, State, Zip: SAA

The facility is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Website with PREA Information: www.abraxasyfs.com; www.geogroup.com (Social responsibility section)

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: Jim Town, Director

Email: jtown@abraxasyfs.com

Telephone: 814-927-6615, ext. 111

Facility PREA Compliance Manager

Name: Erica Niznik

Email: eniznik@abraxasyfs.com

Telephone: 814-927-6615, ext. 161

Facility Health Service Administrator ☐ N/A

Name: Cole Fitch, R.N, Nurse Manager

Email: cfitch@abraxasyfs.com

Telephone: 814-927-6615

Facility Characteristics

Designated Facility Capacity:

148

Current Population of Facility:	102	
Average daily population for the past 12 months:	115	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	13-18	
Average length of stay or time under supervision	6 months	
Facility security levels/client custody levels	Staff Secure	
Number of clients admitted to facility during the past 12 months	214	
Number of clients admitted to facility during the past 12 months whose length of stay in the Facility was for 72 hours or more:	214	
Number of clients admitted to facility during the past 12 months whose length of stay in the Facility was for 10 days or more:	214	
Does the audited facility hold clients 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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds clients: Select all that apply (N/A if the audited facility does not hold clients for any other Agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Juvenile Probation <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with clients:	188	
Number of staff hired by the facility during the past 12 months who may have contact with clients:	81 (47 still employed)	
Number of contracts in the past 12 months for services with contractors who may have contact with clients:	10	
Number of individual contractors who have contact with clients, currently authorized to enter the facility:	11	
Number of volunteers who have contact with clients, currently authorized to enter the facility:	18	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether clients 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 clients, 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.</p>	16
<p>Number of client housing units:</p> <p>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 clients 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 clients 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.</p>	11
<p>Number of single client cells, rooms, or other enclosures:</p>	24
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	59
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> 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-client or client-on-client), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> 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?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-client or client-on-client), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: PA Dept of Human Services) <input type="checkbox"/> 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, 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.

The 2020 PREA Compliance audit for Abraxas I, located in Marienville, Pennsylvania and operated by Abraxas Youth and Family Services, a division of the GEO Group was conducted on June 15-17, 2020. The contracted Auditor was Joseph W. Ehrhardt of Millville, Delaware.

The Auditor wishes to extend appreciation and gratitude to the GEO Group Divisional Vice President Jon Swatsburg; PREA Coordinator Ryan Seuradge; Dr. Danny Cole, Abraxas Director of Quality, Compliance and Research; Kathi Witt, Senior Manager of Quality, Compliance and Research; James Town, facility Director; Erica Niznik, PREA Compliance Manager/Quality Compliance Specialist; and all employees of Abraxas I for their professionalism, hospitality and kindness.

The audit process initially began on 2/28/2020 with Auditor outreach to the facility PREA Compliance Manager. This outreach was immediately followed by facility postings six weeks before the scheduled on-site audit would commence on 4/13/2020. This schedule was interrupted by the onset of the Covid-19 pandemic in the United States. By mutual agreement with the GEO Group, several scheduled Abraxas Youth and Family Services facility audits were postponed until later dates to allow for the medical safety of the clients, staff and Auditor. Audit notice postings were removed at Abraxas I on 3/18/2020 and were reposted on 4/30/2020 with the on-site audit now commencing on 6/15/2020 and concluding on 6/18/2020. The Auditor was provided with time-stamped photographs of the postings and was able to confirm the length of time that the notices were posted through random client and staff interviews.

In mid-May, the Auditor began an online search for PREA-related issues/incidents at Abraxas I. The Auditor also made inquiries regarding concerns about sexual safety at Abraxas I to Just Detention International; the Pennsylvania Department of Human Services, Office of Children and Youth (ChildLine); the Pennsylvania Coalition Against Rape (PCAR) and the local crisis/advocacy group, "A Safe Place". All inquiries have yielded no such concerns to date. The Auditor has not received any letters of concern regarding sexual safety at Abraxas I from clients, parents/guardians, staff members, or interested third-parties as of the date posted at the conclusion of this report.

The Auditor arrived at Abraxas I at 8:15 a.m. on June 15, 2020 and was greeted by the facility Director, Mr. James Town, and the PREA Compliance Manager, Ms. Erica Niznik.

An entry briefing was held at 8:30 a.m. with four members of the leadership team of Abraxas I and Ms. Witt from the Abraxas corporate office. The Auditor provided brief biographical information and explained the audit methodology. Mr. Town welcomed the Auditor and provided an overview of the facility. This meeting was followed by a review of interview requirements, client and staff rosters, and special considerations due to Covid-19 quarantines with the PREA Compliance Manager. Specialized and random interviews were selected for both clients and staff and a schedule was developed.

The site-review of the facility began at 10:15 a.m. Accompanying the Auditor were the PREA Compliance Manager and the Senior Manager of Quality, Compliance and Research. All areas of the facility where residents have access were reviewed including all housing units, the Gymnasium, the Arlene Lissner High School, the Dining Room, the Medical Suite and storage facilities. Housing units in quarantine for Covid-19 were not toured, but were viewed from foyers and windows. Throughout the site review, the Auditor was able to view posted audit notices, PREA protection posters, Sexual Abuse reporting instructions, and contact information and instructions for the Pennsylvania Child Abuse hotline – ChildLine. Abraxas I clients are guaranteed access to ChildLine and may request to use the line in private without question. Staff will dial the hotline, hand the client the telephone and leave the office. The Auditor was able to freely engage clients and staff and to ask questions of staff regarding facility operations. The Auditor found all facility cameras to be operational and not to be located where they could view residents changing, showering or using the toilet. The Auditor did recognize two corridors in housing units where there were “blind spots” for staff supervision. One was in the Summit building and one was in the Pioneer building. These areas were reported to the Director and PREA Compliance Manager. As of this writing, these “blind spots have been eliminated by the installation of convex mirrors. The site review concluded at 12:15 p.m.

Abraxas I is a staff-secure residential treatment program that offers substance abuse treatment, mental health treatment and re-entry services to male and female youth. The facility is located on 99 acres in the Allegheny National Forest near Marienville, PA. The facility opened in 1973 as Abraxas first youth program. The facility is licensed by the Commonwealth of Pennsylvania, Department of Human Services for 148 clients. In the past 12 months, the average daily population was 115 and on the first day of the audit, there were 94 clients. The age range for clients is 13-18 and although the length of stay varies by program goals and services, the average length of stay for the facility was 6 months.

The facility campus includes an administrative unit, separate Boys and Girls schools, a Dining Hall and six housing units with separate wings. All housing units have separate bathrooms with private shower facilities. Most sightlines allow for direct supervision of residents. Housing units provide for both single and two-bed sleeping rooms and large dayrooms. There is also a large Gymnasium, a vocational shop, an outdoor building area, and a clinical building. 180 cameras provide good video coverage of the entire campus, both inside and outside, while maintaining client personal privacy where required. Video retention is 30 days.

Following the site-review, the Auditor began specialized resident interviews. Eight clients were selected for identified, targeted interviews. From these eight interviews, the Auditor interviewed five LGBTI clients (four identified and one new disclosure); two residents with cognitive disabilities; and one resident who disclosed sexual abuse during screening. The Auditor also interviewed 12 random clients for a total of 20 clients. All interviewed clients reported feeling safe at Abraxas I and identified at least one staff member they could report sexual abuse/sexual harassment to. All clients were interviewed in privacy and all spoke fluent English. There are currently no Limited English Proficient (LEP) clients at Abraxas I and no identified transgender clients at this time.

Interviews with residents confirmed that they are well-informed of the facility's/agency's Zero Tolerance Policy for Sexual Abuse/Sexual Harassment and their efforts to prevent, detect and respond to sexual abuse. They were informed of these policies at the time of their admission, as well as several ways that they may report abuse. All interviewed residents are well-aware of the PA Department of Human Services ChildLine mandatory reporting system. All residents receive a more detailed PREA Orientation 24-72 hours after admission. This includes the client's right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and the various ways to report an allegation including the facility's grievance system. Clients are also advised of community victim advocacy services from “A Safe Place”. Staff review the Client Handbook and Abraxas Youth Safety Guide during orientation and clients are encouraged to ask questions or seek clarification of PREA policies.

The Auditor concluded the first day of the on-site audit with specialized staff interviews. Throughout the audit, the Auditor interviewed 13 specialized staff members and 15 random staff members. There are currently 188 full and part-time staff employed at the facility. 81 were hired in the past 12 months and 47

remain employed. Staff retention of newer employees is an administrative concern. Specialized staff who were interviewed on site included: Director; Assistant Director/Facility Investigator; Clinical Director; PREA Compliance Manager; Treatment Supervisor (2); Education Supervisor; Workforce Coordinator; facility Health Service Administrator; Registered Nurse; clinical staff (3) and the Overnight Supervisor. The PREA Compliance Manager is tasked with monitoring for retaliation and all leadership staff are tasked with unannounced rounds. The Sexual Abuse Incident Review Team normally included the Director, the Assistant Director/Investigator, the Director of Clinical Services, the PREA Compliance Manager, a Program Manager and clinical/medical staff as appropriate. Clinical staff are responsible for the screening of new residents. The Auditor also interviewed contracted medical staff including the facility Health Service Administrator and a registered nurse. Prior to the Covid-19 pandemic, Abraxas I had the services of 18 volunteers from local colleges and universities. Volunteer admission to the campus has been excluded due to the pandemic and they were unavailable for interview by the Auditor. In addition to the 13 specialized interviews, the Auditor received prepared answers from the GEO Group CEO and corporate PREA Coordinator. The Auditor reviewed these prepared answers and they satisfied the PRC Interview protocols for these two positions. The first day of the on-site audit concluded at 5:45 p.m.

The Auditor also interviewed a total of 15 random staff over the three days they were on-site. All interviewed staff could readily explain what Zero-Tolerance for sexual abuse/sexual harassment meant within their job duties; their duty to report any knowledge or suspicion of sexual abuse/sexual harassment; and their duties as first responders to an incident of sexual abuse.

The Auditor spent the second day of the on-site audit (June 16,2020) conducting staff and client interviews. The Auditor arrived at the facility at 8:30 a.m. and departed at 5:15 p.m. In all, the Auditor conducted a total of 48 interviews.

During the second day, the Auditor also reviewed the facility's sexual abuse allegation/investigation files with the PREA Compliance Manager for the three years following the last PREA Compliance audit. Allegations of Sexual Abuse are investigated by the Pennsylvania State Police (PSP) and the Pennsylvania Department of Human Services (PA DHS). If the allegation involves an employee of Abraxas I, the matter is also referred to the GEO Office of Professional Responsibility.

Following the PREA compliance audit in 2017, there was one client-on client SA allegation, which was not supported by any evidence including video review. This allegation was determined to be Unfounded.

In 2018, there were two allegations of staff-on-client sexual harassment, one for voyeurism. Both incidents were investigated and found to be Unsubstantiated. The voyeurism allegation arose when a new staff member unfamiliar with shower procedures, entered the shower room without a second staff member. Corrective action was taken with the staff involved. There was a third incident in 2018 involving an allegation of staff-on-resident sexual abuse. After investigation, the allegation was substantiated, the staff member was charged and received a non-custodial sentence, and the staff member was terminated from employment. Involved clients had been released from Abraxas I prior to the disposition of the matter.

In 2019, there was one incident of staff-on-client sexual harassment that involved inappropriate comments by a staff member to clients. The staff member admitted their error in judgement and the incident was substantiated. The Auditor interviewed this staff member and the staff member was candid about their lack of judgement and has grown from the incident. There have been no other incidents involving this staff member. A second incident involved staff-on-client sexual abuse. This allegation was properly referred and investigated, but was unsubstantiated due to conflicting witness accounts. The involved staff member did not admit the allegation, but admitted other rule infractions and subsequently resigned their employment. They are not eligible for re-employment.

There is currently one pending allegation of staff-on-client sexual abuse. This incident remains under investigation by the PSP, the PA DHS and the facility investigator. The alleged abusing staff member remains on Administrative Leave pending the outcome of the investigation.

All investigations reviewed by the Auditor were found to have been properly reported to all authorities as required by law and policy. They were also found to have been properly and thoroughly investigated and reviewed, as required by PREA standard 115.371. The Auditor discussed all investigations with the Director, Assistant Director and PREA Compliance Manager as well as corporate PREA staff by conference call during the Exit Briefing. Both the Auditor and GEO/Abraxas leadership staff are concerned that there is not a presumption of incarceration for staff members who plead or are found guilty of client institutional sexual abuse. The Auditor plans to express this concern to the Forest County District Attorney's Office.

The Auditor reviewed ten personnel files. Documents confirmed that employees are acknowledging that they have not been involved in the behaviors detailed in 115:317 (a-c). The employee files checked revealed that the employees had criminal record checks and child abuse record checks more frequently than the five-year requirement. The files also contained documentation that employee acknowledgements were signed during annual evaluations and at the time of promotion. Abraxas I also documented the background and child abuse registry checks of contractors and volunteers. Finally, the Auditor reviewed ten Staff training files, including three that required specialized training, including contractors and volunteers. The documentation confirmed that the training had been received and there was a staff sign-off or testing to affirm that the training was understood.

The Auditor reviewed four client files, one from each program. Documentation that residents received PREA rights notification, a detailed PREA Orientation, their rights under the PA ChildLine laws and the Abraxas Youth Safety Guide was confirmed. All reviewed resident files also documented sexual abuse screenings and follow-up screenings where applicable, as required by 115:341.

Abraxas I does not use isolation rooms under any circumstances. Behavior challenges are managed by changes in supervision, treatment plans and intensive counseling/therapy. Abraxas I continues to employ the Sanctuary model with its residents.

Abraxas I does not contract with any other agencies or facilities for the confinement of its residents. (115:314)

An Exit Briefing was held at 3:15pm on June 17, 2020. Five members of the Abraxas I Leadership Team were present, along with Ms. Witt from the Abraxas corporate office. Two staff from the corporate PREA office also participated by teleconference. The Auditor thanked the Leadership Team, the staff of Abraxas I, the leadership of Abraxas YFS and the Corporate PREA Office for their cooperation and assistance. The Auditor spoke about the two mirrors that would address "blind spots" in exit corridors on two housing units. The Director confirmed that the mirrors would be installed as soon as possible. The Auditor later confirmed this installation prior to the preparation of this report. There were no other building or operational concerns that would impact standard compliance. The Auditor recommends that the facility consider locking laundry rooms in housing units as an additional safety measure.

The Post-Audit phase consisted of thirty-five hours of triangular analysis of policies and procedures, observations and interview notes. Each standard provision was reviewed to ensure all elements were addressed by the facility. Where questions arose, the Auditor re-checked their data, contacted allied agencies and providers or asked for clarification from the facility.

The Auditor finds that on July 29, 2020, Abraxas I meets the standard requirements of the Prison Rape Elimination Act of 2003 for Juvenile Facilities.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, client 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.

Intensive Drug and Alcohol Treatment Program

The Intensive Drug and Alcohol Program provided services to up to 92 youth (32 females and 60 males). There are normally three living units with a capacity of 30-32 clients each. During the Covid-19 pandemic, arrangements were made to use available wings on these units for quarantine purposes. New clients are currently admitted once every two weeks to create "quarantine" classes by gender. This program provides care and treatment to behavior-disordered delinquent or dependent youth who have substance abuse and dependency problems. Abraxas I Intensive Drug and Alcohol Treatment Program has developed a comprehensive approach to treatment that is designed to impact its clients in the inter-related areas of substance use/abuse, socialization, education/vocation, family and delinquency/criminality. The average length of treatment in this program is 6 months.

The employee-to-client ratios in this program are:

- Waking hours: 1 employee: 8 clients
- Sleeping hours: 1 employee: 16 clients

Social Education and Training Program (STEP)

The Social Education and Training Program provides services for up to 16 male adolescent clients. The program focuses primarily on the client's exposure to or experimentation with drugs and alcohol and corresponding treatment issues, which are addressed through the utilization of evidence-based curricula. The Abraxas I Social Training and Education Program also uses the *Ansell-Casey Life Skills* approach. This curriculum teaches clients appropriate life skills across nine domains, thereby positively influencing their behavior. The average length of stay for treatment in this program is six to ten months.

The employee-to-client ration in this program are:

- Waking hours: 1 employee:8 clients
- Sleeping hours: 1 employee: 16 clients

Intensive Open Residential Program (IORP)

The Intensive Open Residential Program provides services for up to 12 male adolescents. Clients in this program have behavioral issues that are severe enough to require staff-secure, intensive residential care. The program focuses primarily on the client's delinquency issues, criminal behavior, and corresponding treatment issues. Using a cognitive behavioral model, the Intensive Open Residential Program places a strong emphasis on Aggression Replacement Training and Balanced and Restorative Justice. Clinical staff Provide individual, group, and family counseling sessions and implement individualized treatment plans. The average length of stay for the Intensive Open Residential Program is nine months.

The employee-to-client staffing ratios are:

- Waking Hours: 1 employee:4 clients
- Sleeping Hours: 1 employee: 12 clients

Abraxas Residential Mental Health Services (ARMHS)

Abraxas Residential Mental Health Services is a 16-bed program, serving 13-18-year-old adolescent males who have a DSM-5 diagnosis and severe emotional, social, behavioral, or psychiatric disorders that meet medical necessity criteria for a psychiatric residential treatment facility. Length of stay varies depending upon the youth and his progress in treatment. Treatment services are provided by Master's level therapists who are supervised by a licensed psychiatrist. Treatment plans are individually developed through each client's Multi-Disciplinary Team (MDT), which consists of the client, the therapist, the psychiatrist, the parent/guardian, and the referral agent.

The employee-to-client ratios are:

- Waking hours: 1 employee to 4 clients
- Sleeping hours: 1 employee to 8 clients

Medical Department

An RN level Nurse Manager supervises the on-site medical department. Medical staff are on grounds each day during the day and evening shifts. Medical and psychiatric services are provided by a contracted physician (Medical Director), an additional contracted RN, a contracted LPN, one Dentist, one Dental Hygienist, one psychiatrist with an accompanying Nurse Practitioner, and a Clinical Notes RN. Medical personnel assess clients and begin coordinating necessary medical services within the first 24 hours after admission. Clients receive a full physical examination and various screenings within the first week of care. Dental services are provided on-site by a contracted dentist and dental hygienist. Residents in need of psychiatric care and medication management are seen by the contracted psychiatrist. The Nurse Manager or other licensed nurse, the Medical Director and/or other physicians are available on-call to the facility 24 hours a day for medical problems and referrals.

Arlene Lissner High School

Abraxas I operates a year-round private school for all clients, and provides a variety of recreational outlets including physical education, intramural and interscholastic sports. The Abraxas I Arlene Lissner High School is a private, fully accredited high school licensed by the Pennsylvania Department of Education, and is staffed by certified teachers. The school is licensed to provide educational services to in grades 7-12 and maintains a high teacher-to-pupil ratio and clients receive 6.5 hours of instruction daily. The school provides programs for clients who wish to pursue a college preparatory curriculum, vocational tracks, GED preparation and testing, special education services, and remediation for students with academic deficiencies and/or special needs.

Career and Technical Education

The High School offers a Culinary Arts vocational program. Students are trained by a culinary chef on grounds. When course completion is achieved, the students receive certificates of completion for the course and ServeSafe, an OSHA training.

Work Force Development Program

The Work Force Development Program encompasses two tracks: a Restitution Program (available to all clients) and a Work Readiness Program (available to all clients who do not attend school).

Restitution Program

As part of the Restitution Program, clients participate in activities that promote accountability and competency development. Clients have an opportunity to participate in job readiness skills training and gain actual work experience under the supervision of Abraxas I employees. Residents are paid a stipend for the work they complete.

Work Readiness Program

Residents who have obtained their GED or High School Diploma are eligible for the Work Readiness Program. The program provides “hands on” experience with an emphasis placed on community service activities, job training, volunteer work and employment readiness.

Licensure and Accreditation

- Abraxas I is licensed by the PA Department of Human Services (DHS), Office of Children, Youth, and Families (OCYF), for the care and treatment of juvenile offenders and dependent youth.
- Abraxas I's drug and alcohol treatment programs are also licensed by the Pennsylvania Department of Drug and Alcohol Programs, Division of Drug and Alcohol Program Licensure.
- The ARMHS program is also licensed by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS).
- Abraxas I is accredited by the Joint Commission.

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: 9

List of Standards Exceeded: 115:313; 115:331; 115:332; 115:333; 115.335, 115:351; 115:387; 115:388; 115:389

Standards Met

Number of Standards Met: 34

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

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.

(a) Abraxas I meets both elements of the standard provision. The agency (GEO-Group) has a corporate policy (5.1.2, eff. 4/17/15) detailing the agency's zero-tolerance for sexual abuse/sexual harassment and outlining the agency's strategy to prevent, detect and respond to sexual abuse/sexual harassment within the facilities it operates. Abraxas I has a detailed facility policy which meets the requirements of the agency policy in its Policies and Procedures Manual. The Policy is "Sexually Abusive Behavior Prevention and Intervention". The Auditor was able to view postings of these agency and facility policies throughout the facility's housing units, staff areas, administrative areas, school buildings and programmatic areas. Confirmation of staff training in these policies and client education of their meaning and guarantees was secured during client and staff interviews.

(b-c) The facility meets the standard provision. The GEO-Group employs an executive-level full-time PREA Coordinator who completed the Interview protocol questions and forwarded them to the Auditor. The PREA Coordinator oversees GEO's PREA team. The team consists of a Senior PREA Compliance Manager, two PREA compliance managers and a PREA data specialist. There is also a regional PREA Coordinator who assists with the Youth Services Division (8 facilities). Each facility has an assigned PREA Compliance Manager who responds to the regional PREA Coordinators and the corporate Compliance Managers. The GEO Office of Professional Responsibility reviews all administrative PREA investigations involving GEO employees. The Auditor was able to review all interview answers submitted by the GEO PREA Coordinator and found no need to clarify the answers submitted. The Auditor also conducted an interview with the facility PREA Compliance Manager and found their answers satisfactory in meeting the standard provision.

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

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 clients.) ☐ 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 clients.) ☐ 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.

Abraxas I does not contract with any other agencies for the confinement of its clients. This standard provision is not applicable.

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 clients 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 clientele 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 clients 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 client 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 client 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 client 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.

(a) Abraxas I exceeds all 12 elements of the standard provision. The Auditor was provided written copies of the 2017-2018 and the 2018-2019 staffing reviews for Abraxas I. Facility policy "Client Supervision" provides minimal staffing requirements for Abraxas I clients. These standards are 1 staff member for 8 clients during waking hours and 1 staff member for 16 clients during sleeping hours. Abraxas I has established working staff: client staffing ratios based on client programming, safety and security needs which exceed the standard requirements and either meet or exceed Commonwealth of Pennsylvania, Department of Human Services (DHS) staffing requirements. These are 1:8 (waking) and 1:16 (sleeping) for the Staff Secure Drug and Alcohol Treatment Units and the STEP programs. The Psychiatric Clientele Treatment Facility (PRTF) staffs at 1:4 (waking) and 1:8 (sleeping) and the Intensive Open cliental Program staffs at 1:4 (waking) and 1:12 (sleeping). There have been no findings of inadequacy reported against Abraxas I. This information was confirmed via interviews with the Director, Assistant Director/Facility Investigator and the facility PREA Compliance Manager. In annual staffing reviews, camera and video capabilities were explored and discussed as well as staff placement. During the Director's interview and the Exit Briefing, facility leadership was very responsive to recommendations for security enhancements including additional mirrors to alleviate two housing unit blind spots and consideration to secure laundry room doors.

(b) The facility meets the standard provision. Except for limited and discreet exigent circumstances, the facility always adheres to the staffing plan. There were no such circumstances in the last 12 months. This was confirmed by interview with the PREA Compliance Manager and by the Auditor's review of the Pre-Audit Questionnaire (PAQ).

(c) The facility meets all five elements of the standard provision. Abraxas I policy "Client Supervision" requires that minimal supervision ratios be maintained at all times. Limited and discreet exigent circumstances require, by procedure that facility administration is involved and staff would be held over or reassigned to assure required ratios. Any deviation in required ratios would generate an incident report and corporate review. Abraxas I must always follow PA DHS staffing regulations which exceed and supersede those required by the standard provision.

(d) The facility meets the standard provision. The Auditor reviewed both annual staffing review reports for Abraxas I during the audit period, the last was signed off by the agency PREA Coordinator on 11/28/2019.

(e) The facility exceeds all three elements of the standard provision. Unannounced rounds are performed by Program Managers and facility leadership using an agency-developed template which requires a higher level of rounds than the standard provision. They are performed on all three shifts and were confirmed by both record review and staff interviews. Abraxas I clients reported a high visibility of facility leadership including nights and weekends.

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 clients 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 clients 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 client 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 clients 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 clients for the sole purpose of determining the client's genital status? ☒ Yes ☐ No
- If a client's genital status is unknown, does the facility determine genital status during conversations with the client, 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 clients 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

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.

(a-b) Abraxas I meets both standard provisions. facility policy "Screening Clients and their Belongings" not only excludes cross-gender pat-down, strip and body-cavity searches, but establishes a "non-contact" body and clothing check where the client removes their outer clothing, dons a spa robe and then hands their undergarments to staff. The policy requires that the check be performed by two same-gender staff (Rule of 3). This procedure is protective of both client and staff safety and privacy and exceeds the requirements of the standard provisions. This practice was confirmed by interview with facility leadership and random childcare staff.

(c)The facility meets the standard provision. Because all cross-gender searches are contrary to agency policy, any deviation would require prior authorization from the Director or Deputy Director and the special circumstances involved would result in the generation of an incident report. This practice was confirmed through interviews with the Director, Deputy Director and PREA Compliance Manager.

(d)The facility meets the first three elements of the standard provision. The fourth element is Not Applicable as Abraxas I has discrete housing units. Facility policy "Client Supervision" requires staff to ensure that clients may change clothes, perform bodily functions and shower without being viewed by opposite gender staff. The Auditor was able to view all shower areas during the site visit and confirm that monitoring staff cannot view clients showering. The Auditor observed opposite-gender staff regularly making announcements when entering housing units and noting which staff were working on housing unit white boards. All clients interviewed confirmed that they have privacy to shower, change clothing and perform bodily functions. The majority of interviewed clients reported that opposite-gender staff make consistent announcements when entering housing units.

(e)The facility meets both elements of the standard provision. Facility policy "Screening Clients and their Belongings" prohibits staff from conducting a strip search to determine a clients' gender. If a client's gender is unknown, staff may determine the gender, when needed, by speaking with the client

or by conferring with the Health Services staff. These practices were confirmed through interviews with the PREA Compliance Manager, and the facility Health Services Administrator.

(f)The facility meets both elements of the standard provision. Review of the agency and facility's policies and training materials confirms that staff members are trained how to perform respectful body checks of all clients. As referenced in standard provision (a), staff are required by policy to respect the privacy and dignity of all clients regardless of the level of screening required and the client's gender identity or expression.

Standard 115.316: Clients with disabilities and clients 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 clients 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: Clients who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that clients 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: Clients who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that clients 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 clients 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 clients with disabilities including clients 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 clients with disabilities including clients 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 clients with disabilities including clients 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 clients 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 client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties under §115.364, or the investigation of the client'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.

(a) Abraxas I meets all eleven elements of the standard provision. Abraxas policy "Client Rights, revised 5/1/18", prohibits discrimination based upon client disability and requires staff to ensure that all clients have equal access to program and treatment activities with reasonable accommodations. There were currently no clients at Abraxas I with discernable physical disabilities, but the Auditor met several clients with identified cognitive disabilities and mental illness. Facility policies require all clients equal access to educational, vocational and treatment services. Interviews with the facility Director, PREA Compliance Manager and Director of Clinical Services confirmed these practices. Abraxas I practices trauma-informed care in its mental health treatment of clients. Educational services include special education and vocational rehabilitation.

(b) Abraxas I meets both elements of the standard provision. Facility Policy 101-14 requires the facility to take reasonable steps to ensure access to all aspects of the agency/facility's efforts to prevent, detect, and respond to sexual abuse/sexual harassment to clients who have Limited English Proficiency (LEP). The Auditor noted all posted PREA materials and the Client's Safety Guide are available in both English and Spanish. Abraxas I currently does not have LEP clients but is currently working with client families who are LEP. Abraxas I currently has two staff members who are bilingual English/Spanish and the agency provides translation services through Language Line Solutions.

(c) The facility meets the standard provision. Facility policy prohibits the use of clients as translators. This prohibition was confirmed by interviews with the Director, PREA Compliance Manager and random staff members.

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 clients 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 clients 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 clients 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 clients 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)?
No

☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with clients 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 clients 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 clients? ☒ 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 clients? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with clients, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with clients, 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 clients, 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 clients? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with clients? ☒ 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 clients 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 clients 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 clients 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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(a) Abraxas I meets all six elements of the standard provision. Both Pennsylvania law and GEO corporate policy require that both prospective employees and contractors who will have contact with facility contacts must have a criminal record check and a child abuse registry check. Agency policy prohibits the hiring or promotion or the contracting of any person who may have contact with clients who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other institution (as defined in 42 U.S.C. 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. These practices were verified through Auditor review of the employee forms submitted with the PAQ and the examination of ten (10) personnel files.

(b) The facility meets both elements of the standard provision. Agency/facility policies include substantiated instances of sexual harassment in decisions to hire and promote employees. They also consider findings of sexual harassment in hiring contractors as a corporate policy. This policy was confirmed through interviews with the Director and PREA Compliance Manager.

(c) Abraxas I meets all three elements of the standard provision. All prospective employees must have a criminal record check which may exclude them from hire depending on the outcome. They must also be cleared by the Pennsylvania Department of Human Services Child Abuse registry and sign a waiver for the Human Resources to check prior institutional employers. These practices were verified by the Auditor's random examination of ten (10) personnel files. One-hundred per cent of reviewed records showed total compliance with these requirements.

(d) The facility meets both elements of the standard provision. All contractors who have contact with the Abraxas I clients have undergone criminal record checks and Pennsylvania DHS Child Abuse registry clearances. The Auditor was able to verify this practice with both the PREA Compliance Manager and the facility Health Services Administrator.

(e) The facility meets the standard provision. The Auditor's examination of ten (10) random facility personnel files confirmed that five-year criminal record re-checks and child abuse registry re-checks are completed as required by the standard provision.

(f-g) The facility meets both standard provisions. The Auditor was provided with the agency's employment forms which require the applicant to make affirmative statements about any sexual abuse history, subsequent criminal, civil, or administrative findings and to affirmatively report any future misconduct or findings from such misconduct. The pre-employment forms also inform and require written acknowledgement from all prospective employees that material omissions of such behavior is grounds for termination.

(h) The facility meets the standard provision. The Auditor's interview with the facility Director found the Director would forward all requests for information on substantiated allegations of sexual abuse/sexual harassment against a former Abraxas I employee to the agency's Human Resources Department. They in turn would release information base on all applicable laws.

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 clients 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 clients 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*)
- ☒ **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.

(a) Standard provision (a) is not applicable as Abraxas I has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 12, 2012.

(b) The facility meets the standard provision. Abraxas I has expanded its video monitoring system in the past 12 months to 185 cameras. Abraxas policy 101-12 states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance the facility's ability to protect clients from sexual abuse." The video camera system at Abraxas I has good coverage and can be digitally enhanced from connected desktop or laptop computers. The cameras cover both inside and outside areas, providing both housing unit safety and perimeter security. Housing Unit and programming area video coverage is limited to common areas. The Auditor reviewed camera coverage and found no compromise to client privacy as required in standard 115.315.

Video retention is currently 30 days and facility leadership view 1-2 hours of randomly selected video coverage each week. The Auditor viewed nearly 40 minutes of video coverage with the PREA Compliance Manager and found the video images to be clear and of high quality.

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 clients 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.

(a-b) Abraxas I meets all three elements contained within both standard provisions. GEO Policy 5.1.2-B effective 2/14/19 clearly outlines Pennsylvania child abuse laws and reporting requirements, as well as staff response requirements and agency notifications. These responsibilities are clearly outlined for employees of all levels, contractors, and volunteers. When an allegation of sexual abuse/sexual harassment is made, it will be reported immediately by the person who initially had knowledge of the suspected child abuse to the Pennsylvania "Child Line 800 number or by using the Pennsylvania Department of Human Services Electronic Database System. Should the incident involve any act that can be defined as sexual abuse, facility supervisors shall immediately notify the Pennsylvania State Police (PSP) at the Marienville Barracks. Abraxas I and the PSP shall follow the procedures detailed in the Memorandum of Understanding (MOU) executed between the two agencies. The Auditor was able to review the MOU and to confirm that it meets the requirements of the standard. The PSP shall initiate the investigation and will follow the evidence 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 Auditor was in contact with the Sergeant liaison at the local PSP barracks on July 15, 2020. The Sergeant confirmed a strong working relationship with the Director and staff of Abraxas I, the executed MOU and PSP's commitments to follow its requirements and to work with the SANE staff at Bradford Regional Medical Center and the sexual abuse advocates at "A Safe Place".

(c) The facility meets all elements of the standard provision. Any client victim who is a victim of sexual abuse at Abraxas I will be offered a forensic examination at Bradford Regional Medical Center (BRMC). BRMC has certifies SANE staff on-call at all times and requires that forensic examinations be performed by these staff members. Abraxas I and BRMC executed a formal MOU for forensic services, which satisfies this standard, on 4/27/2017. This MOU was presented to and reviewed by the Auditor during the pre-Audit period. By GEO policy, forensic services are provided to sexual abuse victims without cost.

(d) The facility meets the first and third elements of the standard provision. The second element is Not Applicable as victim advocates are always available. Victim advocacy services are provided by "'A Safe Place'" of North Warren, Pa. The Auditor confirmed these services with the Program Manager of "A Safe Place" on 7/16/20 and during the interview with the PSP Sergeant. The Auditor recommends that Abraxas I explore the development of a MOU for victim advocacy services with "'A Safe Place'".

(e) Abraxas I meets both elements of the standard provision.

(f) The facility meets the standard provision. The requirements of standard provisions (a-e) have been detailed in and agreed to in the MOU with the PSP.

(g) The Auditor is not required to audit this standard provision.

(h) This standard provision is not applicable as the Victim Advocacy agency always makes a sexual abuse victim advocate available to accompany a victim to a forensic examination and/or sexual abuse investigation.

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

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

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(a) Abraxas I meets both elements of the standard provision. GEO policy 5.1.2-B requires that the facility/agency complete an administrative allegation for all allegations of sexual abuse/sexual harassment, once the investigations by the PSP and the Pennsylvania DHS, if applicable, are completed. The administrative investigation may then proceed without hindering the other investigations.

(b) Abraxas I meets all three elements of the standard provision. GEO policy 5.1.2-B mandates that all allegations that indicate criminal behavior be referred to the PSP. DHS Child Line reports are also mandated to be reported to the PSP for consideration of investigation. The agency has published these requirements on its website(www.geogroup.com/PREA) and in its Child Safety Manual for youth programs. The agency/facility document all referrals to PSP and DHS/Child Line on both facility incident reports and agency PREA spread sheets.

(c) The facility meets the standard provision. Agency policy 5.1.2-B clearly outlines the responsibilities of both the agency and the PSP as the investigative entity.

(d-e) The Auditor is not required to audit these standard provisions.

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 clients on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with clients 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 clients on clients' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with clients on the right of clients 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 clients 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 clients 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 clients 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 clients? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with clients on how to avoid inappropriate relationships with clients? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with clients on how to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with clients 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 clients 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 clients of juvenile facilities?
☒ Yes ☐ No
- Is such training tailored to the gender of the clients at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male clients to a facility that houses only female clients, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with clients 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

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.

(a) Abraxas I exceeds all eleven elements of the standard provision. The agency has developed comprehensive training materials based on best practices established by the PREA Resource Center.

These materials include a comprehensive 183 slide PowerPoint presentation utilizing video experiences around institutional sexual abuse. The Auditor was able to receive and review this curriculum with the pre-audit materials. Interviews with facility staff, both new and seasoned, confirmed a solid understanding of the role of staff in preventing, detecting and responding to sexual abuse/sexual harassment at Abraxas I. All Abraxas I employees must also be trained in Pa. DHS Mandatory Reporter laws and protocols – Child Line. This training was developed by and is administered by the University of Pittsburgh. The Auditor was able to confirm this training through examination of ten (10) randomly selected staff training files. The facility has also issued all staff members pocket reference cards highlighting these responsibilities and first responder duties.

(b)The facility meets all elements of the standard provision. Staff members at Abraxas I have been trained to understand and respond to the specific emotional and protective needs of adolescent clients. Because Abraxas I houses and treats both male and female clients, many staff members have been trained to understand and respond to the particular needs of both genders. Mental health counselors and clinicians reported their role in working with child care staff to address the emotional and mental health issues around sexual abuse and trauma.

(c)The facility exceeds the standard provision. All Abraxas I employees have received the required PREA training plus receive refresher training every year, exceeding the standard requirement of receiving refresher training every two years. In addition, staff receive specialized PREA training during Program meetings. These practices were confirmed by interviews with the Assistant Director, PREA Compliance Manager and random staff interviews by the Auditor. The facility Training Coordinator was unavailable for interview during the on-site audit.

(d)The facility meets the standard provision. All staff PREA training was documented and indexed by year in the employees training files.

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 clients 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 clients 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 clients)? ☒ 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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(a-c) Abraxas I exceeds this standard provision. Volunteers and contractors who have contact with the clients are provided the same PowerPoint presentation as the child care staff. This includes the standard requirements regarding the agency's Zero Tolerance for Sexual Abuse/Sexual Harassment and reporting requirements. Volunteers and contractors must also be trained in the Pa. DHS Mandatory Reporter laws and protocols (Child Line). This training is virtual and was developed and maintained by the University of Pittsburgh. Documentation of this training is maintained in the contractor's personnel file on-site and in a folder for volunteers and was made available to the Auditor. Due to the Covid-19 pandemic, there have been no volunteers onsite at Abraxas I since March, 2020.

Standard 115.333: Client education

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

115.333 (a)

- During intake, do clients receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do clients 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 clients 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 clients 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 clients either in person or through video regarding: agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all clients received the comprehensive education referenced in 115.333(b)?
☒ Yes ☐ No
- Do clients receive education upon transfer to a different facility to the extent that the policies and procedures of the client's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.333 (d)

- Does the Agency provide client education in formats accessible to all clients including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide client education in formats accessible to all clients including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide client education in formats accessible to all clients including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide client education in formats accessible to all clients including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide client education in formats accessible to all clients including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of client 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 clients through posters, client handbooks, or other written formats? ☒ 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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(a) Abraxas I exceeds all three elements of the standard provision. Upon intake, clients read and sign-off on the facility's Zero Tolerance policy for sexual abuse/sexual harassment and how they may report any knowledge or suspicion regarding sexual abuse/sexual harassment. If the client cannot read or understand this information, the admitting staff member will read and explain the information to them. The Auditor confirmed these practices by review of client's files and through client and staff interviews.

(b) The facility exceeds all elements of the standard provision by providing comprehensive PREA education within 24-72 hours of admission. Abraxas I policy "Intake Process" states: Within 24 hours of intake, a trained staff member will provide the client with comprehensive age-appropriate information regarding the program's zero tolerance policy regarding sexual abuse and sexual harassment by reviewing the Abraxas Youth Safety Guide. The Guide is printed in both English and Spanish and includes the client's right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and how to report sexual abuse or sexual harassment. The staff member will review the information with the client privately and in person, verify their understanding, and obtain their signature on the acknowledgement form. In addition to the formal education provided upon admission, Abraxas I provides PREA posters and notices throughout the facility in both English and Spanish. PA DHS ChildLine posters are also posted in housing units and program areas with specific abuse reporting instructions. This Auditor finds this comprehensive education and its timeliness to the clients Intake exceeds the requirements of the standard provision.

(c) The facility meets both elements of the standard provision. All interviewed clients (20) and review of sample client files confirms this comprehensive education. Being a client treatment facility, Abraxas I would not transfer a client to another facility prior to their having received this education.

(d) The facility meets all elements of the standard provision. Abraxas I provides its Youth Safety Guide in both Spanish and English. Agency intake procedures require staff to explain PREA rights and protections to all clients, regardless of physical, cognitive or mental limitations

(e) The facility meets this standard provision. As noted in standard provision (b), all clients sign an informed acknowledgement of their PREA orientation.

(f) The facility meets the standard provision. The GEO Group/Abraxas I, as mentioned in standard provision (b), utilize posters, notices, and a great deal of social media postings, reports and statistics to maintain a continuous flow of consciousness around the issues of sexual abuse/sexual harassment to foster a culture of sexual safety.

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

- ☐ **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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(a-b) Abraxas I meets all elements of both the standard provisions. The GEO Group has developed a comprehensive PREA administrative investigator training curriculum which encompasses all requirements detailed in standard provision (b) plus integrates administrative protocols between the facility and corporate levels through the GEO Office of Professional Responsibility.

(c) Abraxas I meets the standard provision. The facility currently has one trained administrative investigator although the Director indicated that they are considering adding a second. The Auditor was provided the current investigator's training certificates for review.

(d) The Auditor is not required to audit this standard provision.

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-time 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*)
- ☐ **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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(a) Abraxas I exceeds all four elements of the standard provision. All full-time and part-time medical (contractors) and mental health (employees) have been trained how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; and how and to whom to report allegations and suspicions of sexual abuse/sexual harassment. Interviews with the facility Health Services Administrator and the Director of Clinical Services plus the Auditor's review of medical and

mental confirmed this training.

(b) Health services staff at Abraxas I are prohibited by procedure from performing forensic examinations. Clients would be sent to Bradford Regional Medical Center for a forensic examination performed by a SANE nurse. This standard provision is therefore Not Applicable.

(c) The facility exceeds the standard provision as these staff members receive refresher training every year. The Auditor was able to review the documentation of the completed required training for all medical and mental health practitioners.

(d) The facility exceeds the standard provision. The Auditor reviewed documentation and interviewed both the facility Health Services Administrator and the Director of Clinical Services and both contractors and employees received training more often than prescribed by standards €115.332 and €115.331 respectively.

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 client's arrival at the facility, does the agency obtain and use information about each client's personal history and behavior to reduce risk of sexual abuse by or upon a client? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a client'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 client 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 clients' 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 clients that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other clients? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the client 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 client'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 client's detriment by staff or other clients? ☒ 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.

(a) Abraxas I meets the standard provision. facility Policy "Clinical Assessment Process" requires: "Within 24 hours of the client's arrival at the facility, and periodically during the client's stay in the program, the program will conduct screenings and will use the information collected about his or her personal history and behavior to reduce the risk of sexual abuse by or upon the client.

- A trained employee will complete an objective screening instrument with the client. The purpose of the screening instrument will be to obtain and use information about the client's personal history and behavior to reduce the risk of sexual abuse by or upon the client.
- If a client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he or she will be offered a follow-up meeting with a contracted psychologist within 14 days.
- The program will use the information gathered in this screening to make room and program assignments for the client with the goal of keeping him/her safe and free from sexual abuse. The program will not use isolated housing to protect a client who has alleged to have suffered sexual abuse.
- Placement and programming assignments for each transgender or intersex client shall be reassessed at least twice a year to review any threats to safety experienced by the client.
- A re-assessment shall be completed with each client who is identified as being at risk for sexually aggressive behavior within 30 days from the date of admission and then quarterly thereafter, using the *Vulnerable to Victimization Reassessment Questionnaire*.
- All clients will be re-assessed quarterly using the *Vulnerable to Victimization Reassessment Questionnaire*.

All interviewed clients confirmed that they were asked the questions on the screening form and those that had been in the program for some time confirmed follow-up screenings. The Auditor was able to view submitted completed screening forms during the pre-audit and found completed screenings in randomly selected client files.

(b) The facility meets the standard provision. Abraxas I uses a screening form adapted from New Zealand, Florida and Pennsylvania Juvenile Justice/Youth Services forms. The form asks objective screening questions and is numerically scored.

(c) Abraxas I meets all eleven elements of the standard provision. The screening form utilized by Abraxas I allows the facility to collect relevant information regarding the client's prior victimization; sexual orientation, identification and gender expression (SOGIE); current and past charges; age; level of cognitive and emotional development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the client's own perception of their vulnerabilities; and any other information presented by the client that should be considered in determining housing assignments, programming and treatment plans.

(d-e) The facility meets all elements of both standard provisions. Abraxas I policy "Clinical Assessment Process" requires that client information is also developed from health and mental health screenings, classification assessments and reviewing, court records, case files, facility behavioral records, and other relevant information. The policy also limits access of client sensitive information to specific staff responsibilities on a strict "Need to Know" basis.

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 clients 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 clients 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 clients 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 clients 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 clients safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are clients isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other clients safe, and then only until an alternative means of keeping all clients safe can be arranged? (N/A if the facility *never* places clients in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying clients daily large-muscle exercise? (N/A if the facility *never* places clients in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying clients any legally required educational programming or special education services? (N/A if the facility *never* places clients in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- Do clients in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places clients in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- Do clients in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places clients in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) clients 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 clients 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 clients 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 client to a facility for male or female clients, does the agency consider, on a case-by-case basis, whether a placement would ensure the client's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns clients 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 clients, does the agency consider, on a case-by-case basis, whether a placement would ensure the client'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 client reassessed at least twice each year to review any threats to safety experienced by the client? ☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex client'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 clients given the opportunity to shower separately from other clients? ☒ Yes ☐ No

115.342 (h)

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

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

115.342 (i)

- In the case of each client who is isolated as a last resort when less restrictive measures are inadequate to keep them and other clients 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 clients 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.

(a) Abraxas I meets all five elements of the standard provision. Facility policy "Clinical Assessment Process" requires that comprehensive client screening information be used to make housing assignments, bed assignments, education assignments, and programming and work assignments in order to keep clients safe from sexual abuse. Abraxas housing units allow for client to be separated by wing in most units with staff areas physically in the middle. Abraxas I utilizes client safety plans whenever there is a potential safety issue between clients or between a client and staff member. These plans affect contact, supervision levels and counseling/therapy responses.

(b) Abraxas I does not utilize isolation of clients and therefore this standard provision is "Not Applicable". In replacement of isolation, Abraxas I utilizes the techniques described in standard provision (a).

(c) Abraxas I meets all elements of the standard provision. LGBTI clients are treated with respect, understanding, and protective care at Abraxas I. These clients are never placed, programmed or judged as sexual abusers because of their gender identity or expression. This practice was clearly determined by the Auditor from both site review observations and from interviews with facility leadership, the PREA Compliance Manager, supervisory staff, childcare staff, programming staff and the clients.

(d-g) Abraxas I meets all elements of the four standard provisions. Transgender and Intersex clients are housed and programmed in general population. Abraxas I will ensure the safety of these clients through the development of safety plans, including input and safety concerns from the client. Potential conflicts with other clients are identified and resolved by counseling and classification efforts. Client

safety is closely monitored by supervisory and leadership staff. Transgender and Intersex clients are always given the opportunity to shower by themselves and such accommodations are noted in their treatment plans. These practices were confirmed through interviews with the Director, the Assistant Director, supervisory staff and the PREA Compliance Manager. At the time of the on-site audit, there were no identified Transgender or Intersex clients at Abraxas I, but staff reported that there have been Transgender clients in the past.

(h-i) Both standard provisions are "Not Applicable" as Abraxas I never uses isolation of clients.

REPORTING

Standard 115.351: Client 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 clients to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for clients to privately report: Retaliation by other clients or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for clients 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 clients 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 client reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the client to remain anonymous upon request? ☒ Yes ☐ No
- Are clients 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 clients 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 clients 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 clients? ☒ 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.

(a) Abraxas I exceeds all three elements of the standard provision as it provides multiple internal and external ways for clients to privately report sexual abuse/sexual harassment. Abraxas Youth and Family Services has issued policy 101-13 for all of Pennsylvania youth programs due to the Pennsylvania Mandatory Reporter laws. These laws apply to all Abraxas I employees and all staff are trained through the University of Pittsburgh virtual training that they must personally report all suspicions and knowledge of child abuse. This includes client allegations. Abraxas policy also requires the posting of Pennsylvania mandatory reporting laws and access of all clients to make private and confidential abuse reports to PA Child Line. The Auditor confirmed these postings and all interviewed clients were aware of their Child Line rights. The Abraxas Youth Safety Guide also details how clients may report sexual abuse/sexual harassment verbally or in writing to facility staff, medical contractor staff, probation officers, caseworkers, attorneys or family members. Clients may also submit a grievance or emergency grievance to any staff member or anonymously in the grievance box in the Dining Room. Grievance forms were found to be readily available on all housing units. The Auditor confirmed that all interviewed clients had received a Youth Safety Guide and were aware of how to submit a grievance.

(b) The facility meets the standard provision. Abraxas I clients may report abuse privately by utilizing either the Child Line to PA DHS or the "A Safe Place" hotline number posted on the wall. The Auditor confirmed with both agencies that the caller may remain anonymous. Abraxas I does not detain clients solely for immigration purposes. Therefore, the fourth element of this standard provision is "Not Applicable".

(c) The facility meets the standard provision. Abraxas I staff are required by procedure and PA DHS law to accept all abuse allegations from anyone and to report them via the Child Line. Administratively, they must also generate an incident report. This practice was confirmed by interviews with the Director, Assistant Director and PREA Compliance Manager.

(d) The facility meets the standard provision. The Auditor observed grievance forms on all housing units and interviewed residents reported that they are readily available from any staff member.

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 client grievances regarding sexual abuse. This does not mean the agency is exempt simply because a client 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 clients 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 client 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: A client 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 clients 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 client 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 client does not receive a response within the time allotted for reply, including any properly noticed extension, may a

client 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 clients, staff members, family members, attorneys, and outside advocates, permitted to assist clients 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 clients? (If a third party, other than a parent or legal guardian, files such a request on behalf of a client, 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 client declines to have the request processed on his or her behalf, does the agency document the client'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 client 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 client 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 5 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 client 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) take 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 client for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the client 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

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(a-c) The facility meets all elements of these three standard provisions. Abraxas I policies "Client Rights" and "Grievance Procedure" require that the facility accept all grievances from and on behalf of clients regarding incidents of sexual abuse/sexual harassment. The Client's Right's policy is mailed to all parents/guardians requesting a written acknowledgement. The grievance procedure is also outlined in the Abraxas Youth Safety Guide. There are no time limits on the submission of grievances alleging sexual abuse/sexual harassment and no requirement that the matter be discussed with staff or handled informally. The client can hand the grievance to any staff member or place it in the grievance box in the Dining Room. They are not required to submit it to the staff member who is the subject of the grievance or will the facility refer the grievance back to that staff member. All grievances alleging sexual abuse/sexual harassment will be reported to Child Line.

(d) The facility meets the standard provision. Abraxas I's Grievance Procedure meets or exceeds the timeline requirements of this standard provision. These timelines were verified by interview with the PREA Compliance Manager. There were no grievances alleging sexual abuse/sexual harassment within the previous 12 months.

(e)The facility meets all elements of the standard provision. Abraxas I's Grievance Procedure allows third parties, including family members, fellow clients, staff members, attorneys and outside advocates may assist a client in filing a grievance for administrative remedies regarding sexual abuse/sexual harassment. The third party may also file the grievance on the client's behalf. If the third party is the parent/guardian, the client will be notified but the grievance can continue without the client's consent, providing that the client is a minor. If the third party is not a parent/guardian, the continuance of the grievance requires the client's consent. If the client denies consent, that denial will be noted in the resident's file.

(f)Abraxas I meets all elements of the standard provision. The facility's Grievance Procedure provides for response to emergency grievances filed re: sexual abuse or concerns of imminent sexual abuse of clients. The procedures mimic the requirements of the standard provision and require that the grievance is immediately forwarded to a level where an immediate response takes place to address the sexual abuse or threat of such. Facility policy requires that this response be immediate and not take 48 hours. Facility leadership share 24-hour on-call duties and are always available to respond and direct staff first response or protective action including client safety plans. These practices were verified through interviews with the Director, Assistant Director and PREA Compliance Manager. All agency/facility response and official answers to emergency grievances are documented in the resident's file.

(g)The facility meets the standard provision. Abraxas I would only sanction a client for filing a grievance alleging sexual abuse/sexual harassment if the facility could determine that the client submitted the grievance in bad faith. This practice is outlined under the facility's discipline policies under Resident's Rights.

Standard 115.353: Client 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 clients 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 clients and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform clients, 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 clients 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 clients with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide clients 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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(a) Abraxas I meets the first and third elements of the standard provision. The second element is Not Applicable as Abraxas I does not detain clients solely for immigration purposes. All clients have access to victim advocacy services by contacting "A Safe Place" or another victim advocacy agency. The "A Safe Place" hotline number is posted in all housing units and was verified during the Auditor's site review. Advocates may visit residents during normal circumstances and may communicate with them at all times via telephone. The current Covid-19 pandemic has precluded advocate visits at this time.

(b) The facility meets the standard provision. Abraxas I clients are advised of their privacy rights and when confidentiality cannot be guaranteed (safety and abuse reporting) in the Abraxas Youth Safety Guide. These guidelines are also reinforced during medical and mental health screenings by professional staff.

(c)The facility meets the standard provision. Abraxas I currently has a working agreement with “A Safe Place” which was confirmed by the Auditor through an interview with the program’s Program Manager.

(d)The facility meets the standard provision. Abraxas I’s “Resident Rights” policy guarantees residents access to their parents/guardians, attorneys, probation officers, and caseworkers. This access was verified by staff and resident interviews.

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 client? ☒ 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.

(a)The facility meets both elements of the standard provision. The GEO Group/Abraxas I have made third party reporting of sexual abuse/sexual harassment a priority on their social media websites and in their publications. Abraxas I has provided the public with PA DHS Child Line reporting information both on their website and in facility postings.

OFFICIAL RESPONSE FOLLOWING A CLIENT 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 clients 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 clients 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

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.

(a-b) Abraxas I meets all elements of both standard provisions. Abraxas policies 00-0, "Sexually Abusive Behavior Prevention and Intervention (PREA)" and "Facility PREA Response Plan Following Resident Report" provide step-by-step requirements for the coordinated staff response to an allegation of sexual abuse by or against a client. Staff reporting is immediate following any knowledge, suspicion or information regarding an incident of sexual abuse/sexual harassment. Staff are also required to immediately report and respond to any knowledge, suspicion, or information regarding retaliation against clients or staff members for reporting sexual abuse/sexual harassment or for cooperating with any investigation of such. Finally, staff are responsible to report any knowledge suspicion, or information regarding any staff neglect or violation of responsibilities that lead to an incident of sexual abuse/sexual harassment. Interviews with Abraxas I staff at all levels of responsibility verified both an understanding and expectation that staff will report and respond to any allegation as mandated

reporters and first responders. Interviewed staff referenced their PREA information and First Responder pockets cards and were fluent in the knowledge and sequence of their response to sexual abuse incidents.

(c)The facility meets the standard provision. Abraxas policy “Facility PREA Response Plan Following Resident Report clearly requires that responding staff only share incident information with proper authorities on a strict “Need to Know” basis.

(d)Abraxas I meets the standard provision. Interviewed contracted medical staff and employee mental health professionals reported that they are required to immediately inform their supervisor, the ranking building facility supervisor onsite and PA DHS Child Line of any sexual abuse allegations. These staff members also reported that medical and mental health screening forms contain disclaimers about reporting requirements/confidentiality that they share with the clients when doing medical or mental health intake interviews. This information is also in the Abraxas Youth Safety Guide.

(e)Abraxas I meets all four elements of the standard provision. Abraxas policy “Facility PREA Response Plan Following Resident Report” requires that the facility head or their designee immediately notify the GEO regional PREA Coordinator and Vice-president, the client-victims parent/guardian or the DHS Office of Children’s Services’ caseworker, if the child is in state guardianship, and the child’s attorney or legal representative of record. These notifications were verified through the Auditor’s interview with the Director.

(f)The facility meets the standard provision. Facility procedures require that all allegations of sexual abuse are immediately reported to the Pennsylvania State Police (PSP), Marienville Barracks and to the Abraxas I Assistant Director/Facility Investigator. These notifications were confirmed by interviews with the PSP Station Sergeant, the Assistant Director/Facility Investigator and the PREA Compliance Manager.

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 client is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the client? ☒ 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.

(a) The facility meets the standard provision. Abraxas I policy "Facility PREA Response Plan Following Resident Response, B1 Facility Protection Duties" requires that when staff determine that a client is at substantial risk of imminent sexual abuse, staff take immediate deliberate action to protect the client including the development of a safety plan.

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 a client 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

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.

(a-c) Abraxas I meets all elements of these three standard provisions. Upon receiving notification of an allegation that an Abraxas I client was sexually abused at another facility, the Director's designee, the PREA Compliance Manager notified the Director of the facility where the abuse is alleged to occur by telephone. This notification was followed up by written correspondence and a spreadsheet was developed as a permanent record of the notification. This notification took place as required by the standard provision. The Auditor was able to view a copy of the correspondence and the spreadsheet. (d) The facility meets the standard provision. While Abraxas I has no control over the actions of the agency head of the informed facility, Abraxas I's staff has informed PA DHS Child Line by policy, who will perform their own administrative investigation. PA DHS, by policy reports all Child Line child abuse reports to the Pennsylvania State Police for investigation, as applicable.

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 client 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 client 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 client 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 client 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.

(a) Abraxas I meets all elements of the standard provision. Facility Policy "Facility PREA Response Plan Following Resident Report" requires: Upon receipt of a report that a resident was sexually abused, the first staff member to respond will:

- (a) Separate the victim and alleged abuser
- (b) Call for emergency medical care for the victim, if required.
- (c) Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel.
- (d) Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate the staff member will remove all residents from the room or area.
- (e) Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee.
- (f) If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with them until further instruction is provided by the Administrator (e.g. safety plan, administrative leave)
- (g) If the alleged abuse occurred within the last 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).
- (h) Ensure that alleged abuser *not* take any actions that could destroy physical evidence (e.g. washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).
- (i) Apart to reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than individuals involved with investigating the alleged incident.
- (j) Document detailed description of:
 - a. 1) Victim and abuser locations and affect (e.g. emotions, appearance)
 - b. 2) Wounds and their locations
 - c. 3) Anything the victim or abuser reported to the employee.

The Auditor was able to verify these practices by interviews with the PREA Compliance Manager, supervisory personnel and all random staff members. All Abraxas I staff members carry "First Responder Cards" which mimic the above procedure with their ID cards

(b) The facility meets the standard provision. If the first responder is not a child care worker (e.g. teacher, clinician), they will separate the alleged victim/abuser until a child care worker first responder arrives. This practice was verified by interview with the PREA Compliance Manager.

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

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.

(a)The facility meets the standard provision. Abraxas I policy "Facility PREA Response Plan Following Resident Report" provides a written, coordinated plan of response to a sexual abuse incident, delineating the duties of all facility departments including administration, direct care, healthcare and clinical services.

Standard 115.366: Preservation of ability to protect clients 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 clients 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

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.

(a) Abraxas I meets the standard provision. At the request of the Auditor, the Abraxas I Director provided the Auditor a copy of the current collective bargaining contract for the facility. Upon review, the Auditor finds that there is no clause in this document that limits the agency's ability to remove alleged staff sexual abusers from contact with any clients pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

(b) The Auditor is not required to audit this standard provision.

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 clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients 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 client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services, for clients 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 clients or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by clients 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 clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients 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 client 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: Client 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: Client 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 clients, 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

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.

(a, c, d) The facility meets all elements of these standard provisions. Abraxas I policies "Sexually Abusive Behavior Prevention and Intervention" and "Facility PREA Response Plan Following Resident Report" clearly outline that retaliation against youth or staff for filing a complaint regarding sexual abuse/sexual harassment will not be tolerated at Abraxas I. The latter policy details the facility's responsibilities under section D:

1)The agency will protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation from other residents or staff.

2)The PREA Compliance Manager or a mental health staff member will meet weekly with the alleged victim or reporter (if different than the victim) in private to verify that sensitive information is not exploited by staff members or others.

a. The staff member will address any resident concerns and verify that the resident has not experienced any type of retaliation from residents or other staff regarding the alleged abuse incident.

b. Any issues discussed will be noted in the appropriate area on the Protection from Retaliation Log, to include corrective actions taken to address the issue.

c. The alleged victim and the staff member who conducted the meeting will sign in the appropriate space after each meeting.

3)Monitoring will be provided for 90 days or longer if necessary. Monitoring will terminate if the allegation is unfounded.

4.Completed logs will be retained in the investigative file of the corresponding PREA incident.

At Abraxas I, the PREA Compliance Manager is the designated staff member to monitor retaliation. This practice was confirmed through interviews by the Auditor with the Director and PREA Compliance Manager. The Auditor was also able to view completed Retaliation Monitoring Logs in the investigative files.

(b) Abraxas I meets the standard provision. The facility has two wings on its housing units and will utilize housing unit changes, one-to-one supervision, resident transfers and staff transfers or administrative leave to address retaliation issues. This practice was verified by interview with the PREA Compliance Manager.

(e) Abraxas I will take deliberate action to protect anyone facing retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations of such. Local law enforcement in Marienville is the Pennsylvania State Police and any retaliation which constituted a violation of the law would be reported to the PSP. This practice was verified by interview with the PREA Compliance Manager.

(f) The Auditor is not required to audit this standard provision.

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 client 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

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.

(a) Abraxas I meets the standard provision. The facility does not use segregated housing to protect clients but will separate alleged victims and abusers for protective purposes. Abraxas I utilizes one-to-one supervision and intensive counseling to protect victims of sexual abuse. Sexual abusers would be transferred or removed from the program as required to protect victim clients and all clients. These practices were verified through interviews with the Assistant Director, the Director of Clinical Services and the PREA Compliance Manager.

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 client or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a client 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 client 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

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.

(a-b) Abraxas I meets all elements of both standard provisions. GEO Corporate Policy 5.1.2-E: "Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection" mandate facility response. Incidents which involve criminal activity arising out of sexual abuse or sexual harassment allegations are immediately referred to the Pennsylvania State Police (PSP). The Auditor verified this procedure with the Station Sergeant of the PSP. The PSP use specially trained sexual assault investigators. Abraxas I has designated and trained the Assistant Director as their on-site Administrative Investigator. All sexual abuse/sexual harassment investigations are reviewed by GEO's Office of Professional Responsibility.

(c) The facility meets all three elements of the standard provision. The Auditor's interview with the Station Sergeant of the PSP verified the PSP's compliance to this standard provision in evidence preservation and collection, participant/witness interviews and review of relevant case records.

(d-e) The facility meets both standard provisions. By policy, Abraxas and the PSP will not terminate any sexual abuse/sexual harassment investigation because the party making the allegation recants the allegation at a later date. By policy, Abraxas I will wait to complete compelled interviews if the quality of evidence supports prosecution, so as not to hamper that prosecution. These practices were confirmed by Auditor interviews with the PSP and the Assistant Director/PREA investigator.

(f) The facility meets both elements of the standard provision. GEO Corporate Policy 5.1.2-E requires that the credibility of interviewed participants/witnesses is based on each person's report and not their status as a client or staff member. GEO requires all allegations of client sexual abuse to be investigated without a client undergoing a polygraph examination. These practices were confirmed through interviews with the Assistant Director/Facility Investigator.

(g) The facility meets both elements of the standard provision. All administrative investigations are reviewed at both the facility and corporate levels to determine whether staff actions or failures contributed to the abuse. All administrative investigations are documented to include a description of all evidence considered including physical and testimonial evidence, the reasoning behind credibility

assessments and investigative facts and findings. The Auditor confirmed compliance to the standard provision by reviewing interviews with the PREA Coordinator and facility PREA Compliance Manager.

(h-i) The facility meets both standard provisions. Interview with the Station Sergeant of the PSP confirmed that all criminal investigations result in a report which documents the evidence developed or not found to reach the decision to proceed or not proceed with criminal charges. They also confirmed that criminal charges are always pursued when the developed evidence supports them.

(j) Abraxas I meets the standard provision. The Assistant Director/Facility Investigator confirmed that all written reports referenced in 371 (g) and (h) are retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

(k) Abraxas I meets the standard provision. GEO Corporate Policy 5.1.2-E prohibits the termination of an investigation because the alleged abuser or victim leaves the control or employment of the facility. This practice was confirmed by interview with the PREA Compliance Manager.

(l) The Auditor was not required to audit this standard provision.

(m) Abraxas I meets this standard provision. The Auditor's interview with the PSP Station Sergeant confirmed that the two agencies have a strong working relationship and both keep each other informed during the course of a sexual abuse investigation.

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

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.

(a) Abraxas I meets the standard provision. Interview with the Assistant Director/Facility Investigator confirmed that the standard of evidence for all investigations of sexual abuse/sexual harassment is the “preponderance of evidence”.

Standard 115.373: Reporting to clients

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

115.373 (a)

- Following an investigation into a client's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the client 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 client'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 client? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a client's allegation that a staff member has committed sexual abuse against the client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client whenever: The staff member is no longer posted within the client's unit? ☒ Yes ☐ No
- Following a client's allegation that a staff member has committed sexual abuse against the client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a client's allegation that a staff member has committed sexual abuse against the client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client 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 client's allegation that a staff member has committed sexual abuse against the client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client 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 client's allegation that he or she has been sexually abused by another client, 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 client's allegation that he or she has been sexually abused by another client, 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

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.

(a-b) The facility meets both standard provisions. Abraxas I Assistant Director/Facility Investigator and PREA Compliance Manager are required by procedure to complete corporate Office of Professional Responsibility investigative documents which detail the steps taken during the administrative investigation, the agencies involved and their dispositions and the notification of Abraxas I victims, unless released from the program. The Auditor was provided with the completed forms described above for two investigations that resulted in substantiated and unsubstantiated findings. All procedures were correctly followed.

(c) The facility meets all elements of this standard provision. The Auditor was provided with the facility's "Notification of Outcome of Allegations of Sexual Abuse" form which advises client victims of the disposition of any staff member who committed substantiated/unsubstantiated/unfounded acts of sexual abuse/sexual harassment.

(d)The facility meets all elements of this standard provision. The Auditor was provided with the facility's "Notification of Outcome of Allegations of Sexual Abuse" form which advises client victims of the disposition of any other resident/client who committed substantiated/unsubstantiated/unfounded acts of sexual abuse/sexual harassment.

(e)The facility meets the standard provision. Abraxas I documents all investigative outcomes of sexual abuse allegations on the form described in 115.373 (c) and (d).

(f)The Auditor is not required to audit this standard provision.

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.

(a-b) Abraxas I meets both standard provisions. Abraxas policy "Sexually Abusive Behavior Prevention and Intervention (PREA)" states: "All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution." GEO corporate policy 3.2.8 outlines Progressive Discipline for staff, and corporate policy 1.1.15 outlines the company's Code of Business Conduct and Ethics. The Progressive Discipline policy outlines those offenses which lead to dismissal of the employee. Under "Dismissal", paragraph C states "Inappropriate contact, including but not limited to sexual contact, oral sexual contact, or sexual intercourse with an offender, detainee, or patient." Therefore, termination is the presumptive disciplinary sanction for sexual abuse.

(c) The facility meets the standard provision. The agency's policy on Progressive Discipline meets the requirement of the standard provision.

(d) The facility meets both elements of this standard provision. Because both the PSP and the PA DHS are immediately involved in the investigation of all allegations of sexual abuse at Abraxas I, they will be advised of all Human Resources action as required under 115.171.

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 clients? ☒ 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 clients? ☒ 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

(a-b) Abraxas I meets all elements of both standard provisions. Any contractor or volunteer who engages in sexual abuse/sexual harassment with a client at Abraxas I will be prohibited from contact with clients pending the outcome of the investigation. As required by regulation and policy, all such allegations will immediately be reported to the PSP and the PA DHS via the Child-Line. Any none criminal violation of the sexual abuse policies by a contractor or volunteer will also be reported to PA DHS via Child Line and until completion of the PA DHS and Facility administrative investigations, the contractor or volunteer will be prohibited from contact with Abraxas I clients. These practices were confirmed by interview with the PREA Compliance Manager.

Standard 115.378: Interventions and disciplinary sanctions for clients

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

115.378 (a)

- Following an administrative finding that a client engaged in client-on-client sexual abuse, or following a criminal finding of guilt for client-on-client sexual abuse, may clients 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 client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a client, does the agency ensure the client is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a client, does the agency ensure the client 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 client, does the agency ensure the client 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 client, does the client 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 client'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 client 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 client 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 clients, does the agency always refrain from considering non-coercive sexual activity between clients to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between clients.) ☒ 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.

(a) Abraxas I meets the standard provision. Clients who were found by administrative investigation to have engage in client-on-client sexual abuse are subject to disciplinary sanctions as per Abraxas I Policy, Behavior Management System.

(b-d) The facility meets all elements of the standard provision. The facility's Behavior Management system adheres to all elements of the standard provision. Applicable sanctions are also explained to clients in the Client Handbook. Interviews with facility leadership, random staff and residents verify that disciplinary sanctions at Abraxas I are clearly defined and applied according to the Behavior Management System and clients have an appeal system. The client's cognitive and mental health status are always considered when disciplinary sanctions are applied. Clients who exhibit any behavior contrary to the sanctuary model are expected to participate in counseling and therapy at Abraxas I. These practices were confirmed by interview with the Director of Clinical Services.

(e) Abraxas I meets the standard provision. The facility will only discipline clients for sexual contact with staff members where the contact was not consensual. The Auditor was able to review an incident file where there was alleged consensual contact between a staff member and client. The staff member was addressed for violating agency policies, but the client was not sanctioned.

(f-g) The facility meets both standard provisions. A client who makes a sexual abuse report in good faith will not be sanctioned for doing so even if the allegation is determined to be unfounded. Clients who engage in consensual sexual activity shall be sanctioned as per policy, but consensual activity will not be treated as sexual abuse. These practices were confirmed through interview with the 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 client has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the client 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 client has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the client 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 clients before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the client 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

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.

(a) Abraxas I meets the standard provision. Abraxas Policy, "Clinical Assessment Process, revised 7-31-15" requires that if a client discloses prior sexual abuse during the screening process, that client will be offered a follow-up screening with a medical and/or mental health practitioner within 14 days. This practice was confirmed by Auditor interviews with the facility Healthcare Administrator and the Director of Clinical Services.

(b) The facility meets the standard provision. If the screening pursuant to 115.341 reveals that the client previously perpetrated sexual abuse, the client will be offered a meeting with a mental health practitioner and the client's treatment plan will be amended as required. This practice was verified by interview with the Director of Clinical Services.

(c) The facility meets the standard provision. Information regarding a client's history of sexual abuse is limited to staff involved in security and treatment decisions on a strict "Need to Know" basis as detailed in the Clinical Assessment Process policy. The practice at Abraxas I was confirmed by interview with the Director of Clinical Services.

(d) The facility meets the standard provision. Clients who are 18 years of age or older must execute an informed consent before information regarding the client's previous sexual abuse may be reported to appropriate agencies/authorities. This process was verified by interview with the facility Health Service Administrator.

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 client 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 client 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

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.

(a) Abraxas I meets the standard provision. Abraxas Policy "Facility PREA Response Plan Following Resident Report #5" requires that client victims of sexual abuse are provided immediate unimpeded access to emergency medical treatment and crisis intervention services. This practice was confirmed by interviews with all facility leadership staff including the facility Health Service Administrator.

(b) The facility meets both elements of the standard provision. Facility medical and mental health staff are on-call and are immediately contacted by on-duty facility first responders. Should the client's medical needs be acute and they cannot wait for responding staff, facility first responders will contact EMS services and the client will be transported with a staff member to Bradford Regional Medical Center.

(c) The facility meets the standard provision. The facility Health Service Administrator was interviewed by the Auditor and confirmed that all client victims are offered information and timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, when medically appropriate.

(d) The facility meets the standard provision. The facility Medical Service Administrator confirmed that treatment services are provided without cost and regardless of whether the client victim names the abuser or cooperates with investigations arising out of the incident.

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 clients 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 client 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 clients 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 clients 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 client 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 client-on-client 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

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.

(a-c) Abraxas I meets the all elements of the three standard provisions. Abraxas I client victims of sexual abuse are offered medical and mental health evaluations, and as appropriate treatment to all clients who have been victims of sexual abuse in any jail, prison, lock-up or juvenile facility. Then evaluation and treatment of such victims includes follow-up services, treatment plans, and when appropriate referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The services provided are consistent with the community level of care. The provision of these services, if necessary was confirmed by interview with the facility Health Service Administrator.

(d-e) The facility meets the standard provision. Female clients of Abraxas I who were the victims of sexually abusive vaginal penetration are offered pregnancy tests. Note: There were currently no transgender females with female genitalia at Abraxas I during the on-site audit. If pregnancy occurs due to sexually abusive vaginal penetration, client victims will receive timely and comprehensive information about and timely access to all lawful pregnancy services. These services were verified by interview with the facility Health Service Administrator.

(f) The facility meets the standard provision. Client victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. This practice was confirmed by interview with the facility Medical Service Administrator.

(g) The facility meets the standard provision. The treatments services provided to client victims under standard provisions (a-f) are provided without cost to the client and regardless of whether the client victim names the abuser or cooperates with any investigation arising out of the incident. These practices were confirmed by interview with the facility Health Service Administrator.

(h)The facility meets the standard provision Abraxas I attempts to conduct a mental health evaluation on all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility documents all refusals of such services. These practices were confirmed by interview with the Director of Clinical Services.

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

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.

(a-c) Abraxas I meets all elements of these three standard provisions. Upon the conclusion of a sexual abuse investigation, Abraxas I convenes a sexual abuse incident review team. This team consists of facility leadership and supervisors and may include investigators and other staff members with relevant information. The sexual abuse incident review occurs within 30 days of the conclusion of the investigation into the incident and occurs on all substantiated and non-substantiated incidents. These practices were confirmed by the Auditor's review of the Sexual Abuse Incident Review Reports.

(d) The facility meets all six elements of the standard provision. The Sexual Abuse Incident Review Team examines whether there is a need to change policy or practice to prevent, detect and respond to sexual abuse/sexual harassment; whether the incident was motivated by race, gender ethnicity, gender identity, LGBTI identity, gang affiliation or group dynamics at the facility; whether physical barriers enabled the abuse; adequacy of staffing levels at the facility; and whether monitoring technology should be deployed or augmented. The Abraxas I Team then prepares a detailed report which is subject to regional and national review by Corporate leadership. The Auditor reviewed all reports from the Audit period and found them to be complete and thorough as required by the provision.

(e) The facility meet the standard provision. Abraxas I leadership is required to implement any recommendations for improvement after corporate review. Exception to this implementation would require corporate approval.

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 clients? (N/A if Agency does not contract for the confinement of its clients.) ☐ 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*)
- ☐ **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.

(a-d) Abraxas I exceeds all of these standard provisions. The GEO Group has distinguished itself in collecting and sharing facility sexual abuse/sexual harassment data with a high degree of transparency on its public websites. The facility/agency collect accurate and complete data regarding all sexual abuse/sexual harassment incidents on an annual basis. The data collected surpasses what is required to satisfy the annual Survey of Sexual Violence collected by the Department of Justice. Comparative annual and cross-annual analyses are completed for all facilities. Data is collected from incident - based investigative files and reports and sexual abuse incident reviews. The Auditor was able to review prior year facility PREA incident tracking reports, the GEO Group's prior year PREA report and prior year reports on the GEO Group website.

(e) This standard provision is Not Applicable as Abraxas I does not contract for the confinement of its clients.

(f) The facility meets the standard provision. The Auditor's interview with the Director and the PREA Compliance Manager confirmed that Abraxas I has provided all required data from the prior calendar year to the Department of Justice.

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.

(a)The agency exceeds all three elements of the standard provision by offering dynamic annual analysis of facility-collected data. GEO Corporate Policy 5.1.2-B "Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Youth Service Facilities, effective 2/14/19" provides twenty-seven pages of specific definitions, references to the PREA laws, to best practices identified by the PREA Resource Center and American Correctional Association, and clearly defines agency expectations around the remediation of circumstances which led to incidents of sexual abuse/sexual harassment. The agency commits to continuous corrective action to improve its prevention, detection and response to sexual abuse in its facilities.

(b)The agency meets the standard provision. The Auditor reviewed the agency's annual report on its webpage. There is a clear comparison to prior year performance amongst the facilities it operates.

(c)The agency meets the standard provision. The agency's annual report is prefaced by the agency CEO and appears on the agency's public website.

(d)The agency meets the standard provision. The agency notes that all Personally Identifying Information (PII) has been removed from the annual report.

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.

(a)The agency exceeds the standard provision. The GEO Group has developed a carefully engineered corporate strategy to both maintain and protect sexual abuse data, investigations, and reports. Electronic records are carefully protected utilizing "Need to Know" policies and electronic data encryption. These practices were verified by the corporate PREA Coordinator and by Auditor review.

(b)The agency meets the Standard provision. All aggregated sexual abuse data from facilities operated by the agency is shared on the agency website at least annually.

(c)The Agency meets the standard provision. The Auditor viewed the agency website and all personal identifiers have been removed.

(d)The agency meets the standard provision. Sexual abuse data collected pursuant to 115.387 is maintained for ten years unless Federal, State, or local law requires otherwise. This practice was verified by the corporate PREA Coordinator.

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 clients? ☒ Yes ☐ No

115.401 (n)

- Were clients 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.

- (a) The agency meets the standard provision. Every facility operated by the agency required to be audited by the Department of Justice was audited during the prior three-year period including Abraxas I.
- (b) The facility meets the standard provision. This is the first year of the current three-year cycle.
- (h) Abraxas I meets the standard provision. The Auditor had access to, and the ability to observe, all areas of the audited facility.
- (i) The facility meets the standard provision. The Auditor was able to request and receive copies of all relevant documents (including encrypted electronic files).
- (m) The facility meets the standard provision. The Auditor was permitted to conduct private interviews with clients.
- (n) The facility meets the standard provision. Clients were able to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. To date, the Auditor has not received such correspondence.

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.

The facility published its prior (2017) PREA Audit report on the agency website.

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.

Joseph W. Ehrhardt – P2218

July 31, 2020

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.