

**PREA AUDIT REPORT Interim x Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: August 15, 2017

Auditor Information			
Auditor name: Vic Killion			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
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Telephone number: (812) 244-3378			
Date of facility visit: August 2 - 4, 2017			
Facility Information			
Facility name: Talbot Hall			
Facility physical address: 100-140 Lincoln Highway, Kearny, NJ 07032			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (973) 589-1114			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Sheila Leonardo & Melissa Craten			
Number of staff assigned to the facility in the last 12 months: 31			
Designed facility capacity: 500			
Current population of facility: 496			
Facility security levels/inmate custody levels: Full Minimum			
Age range of the population: 18 - 88			
Name of PREA Compliance Manager: Roshaunda Wickham		Title: Manager Assessment/PREA Compliance	
Email address: roshaunda.wickham@cecintl.com		Telephone number: (973) 589-1114 x 5794	
Agency Information			
Name of agency: The Geo Group, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (561) 893-0101			
Agency Chief Executive Officer			
Name: George C. Zoley		Title: Chairman of the Board, CEO and Founder	
Email address: gzoley@geogroup.com		Telephone number: (561) 893-0101	
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		Title: Director, Contract Compliance, PREA Coordinator	
Email address: pmoreland@geogroup.com		Telephone number: (561) 893-0101	

AUDIT FINDINGS

NARRATIVE

The on-site Prison Rape Elimination Act (PREA) audit of Talbot Hall, Kearny, New Jersey was conducted on August 2-4, 2017. The facility consists of one building with three separate housing units that houses adult males, placed there by the New Jersey Department of Correction (NJ DOC). Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire to the auditor and provided a comprehensive set of supporting documents for the responses to the questionnaire. The standards used for this audit became effective August 20, 2012. The agency director and the Agency-Wide PREA Coordinator were interviewed previously. As part of the audit, a review of all PREA policy and a tour of the facility was completed. At the time of this audit the facility employed 121 staff. The resident population at the time of the audit was 496 adult males.

An entrance meeting was held with the Facility Coordinator, GEO PREA Manager, Director for EHCA, Deputy Director, and the Supervisor of Operations discuss the audit and schedule of activities.

In addition to the entrance meeting, the audit consisted of a tour of the facility, review of supporting documentation and interviews with staff and residents. The staff were interviewed regarding PREA training, the Agency zero-tolerance policy and first responder responsibilities, to include victim/assailant separation, reporting mechanisms and requirements, available interventions, conducting interviews, evidence collection, retaliation monitoring and follow up.

Twenty-two (22) random resident interviews were conducted. The interviewed residents were of various ages, nationalities and ethnic backgrounds. Additionally one self-identified transgender resident was interviewed. All residents interviewed demonstrated a good understanding of the PREA program to include the prevention, protection, and reporting mechanisms. All inmates interviewed also stated that staff were responsive to their needs and stated they felt safe from sexual abuse at the facility.

Twenty-two (22) staff interviews were completed with 16 random, one volunteer, and four administrative staff. All interviewed staff, community service providers, and a volunteer demonstrated a thorough understanding of the PREA and their responsibilities under this program, relative to their position in or with the organization and employment status (none refused to be interviewed).

During the past 12 months, the facility had one allegation of sexual assault and two allegations of sexual harassment. These incidents are still open pending the outcome of the investigations. All PREA allegations are investigated by the NJ DOC.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Talbot Hall Assessment and Treatment Center in Kearny, New Jersey and has been in operation since 1998. The mission is to provide a healthy, drug-free, safe and secure environment within and provide treatment and education services that focus on changing addictive and criminal behaviors. Participants are provided with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities. The building is almost a century old and has an immaculate appearance upon entering. There are three floors. The top floor contains two housing units, one on each end of the building with offices and activity rooms. The middle floor has one housing unit, a conference room, offices, library, health services, and other rooms for programming. The bottom floor contains the Food Service Department, the Maintenance Department, storage, and offices. All housing units have a multipurpose space with showers and toilet facilities.

The building is equipped with an elevator, making the building handicap accessible for staff, residents, and visitors. There are 79 video cameras on the premises that are monitored from a central monitoring station and various supervisors' offices. Concave mirrors also being used to enhance staff supervision and security of the residents.

The facility provides a variety of services to residents to prepare them for release to the community. The facility assesses a number of factors (drug addiction, educational level, risk of re-arrest and specific areas of need). Residents attend educational seminars and group therapy. Residents are also able use the computerized law library and attend to faith-based services. Programs are designed to prepare residents for their return to the community.

SUMMARY OF AUDIT FINDINGS

An exit meeting was held on August 4, 2017 with the Director, Facility Coordinator, GEO PREA Manager, and a Program Counselor/PCM Backup. The facility was found to be fully compliant to the PREA with three standards determined to be not applicable and two standards determined to exceeds the standards. The auditor had been provided with extensive files prior to and during the audit for review to support a conclusion of compliance to the PREA. All interviews and observations also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale was very good and the observed staff/inmate relationships were determined to be excellent. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Director and staff for their hard work and dedication to the PREA audit process.

Number of standards exceeded: 2

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Agency PREA policy 1200.06, page 1, addresses the requirement of this standards. All allegations of sexual abuse at the facility are referred to the Director and the PREA Compliance Manager. The New Jersey Department of Corrections is responsible for conducting all investigations on allegations of sexual harassment/abuse. The procedures were confirmed through an interview with the Director. Usually, residents are immediately transferred to a state facility a short distance away while allegations are investigated for their safety. Based on the outcome of the investigation, a decision would be made if either resident involved would return to the facility.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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Not Applicable - The Agency does contract with other entities for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

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Agency PREA policy 1200.06, page 12, addresses the requirement of this standard. The policy requires the facility to review PREA Audit Report

the staffing plan on an annual basis and update it as necessary. An interview with the director confirmed compliance with the components of the standard. There are 79 total cameras for video monitoring. They can be viewed from the central monitoring station, the Supervisor of Operation's office, and the Maintenance office. Strategically placed concave mirrors were observed during the tour, no blind spots were noted. The facility's composition of the resident population and the PREA is considered when developing the staffing plan. The facility has not deviated from their established staffing plan. The facility is in compliance with the standard.

Standard 115.215 Limits to cross-gender viewing and searches

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

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Under no circumstances does the facility allow cross-gender strip searches or cross-gender visual body cavity searches by non-medical staff. The facility does not house female residents. Staff receive cross-gender pat search training which was verified by a review of the curriculum and sign-in logs. Policies prohibits cross gender pat and strip searches. Staff interviews confirmed their knowledge of this policy. Interviews with staff and residents confirmed that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. During the tour of the facility, the auditor observed staff members announce their presence when entering the housing units of the opposite gender. PREA notifications in both English and Spanish are posted in each housing unit and throughout the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 clearly directs PREA information be communicated orally and in writing in a manner that is clearly understood, to include those who are limited English proficient, deaf, visually impaired, as well as residents who have limited reading skills. The facility also maintains a list of those staff members that can be used as interpreters which currently includes Spanish and Portuguese. PREA handouts, postings, and resident handbooks are in English and Spanish. Staff were aware that under no circumstances are residents permitted to act as interpreters or assistants when dealing with PREA issues. There were no residents with disabilities housed at the facility during the audit.

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. All employees who have contact with residents have had a background investigation. Employee backgrounds are re-checked every five years. Volunteers who have regular contact with residents also have criminal background checks completed prior to having contact with residents. The facility does not utilize the services of contractors. The facility does not hire or promote anyone who may have contact with residents who has engaged in any type of sexual abuse/harassment behavior. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager (HRM) was interviewed and confirmed that the facility attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. A review of documentation also supports compliance to this standard.

Standard 115.218 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GEO Group, Inc. recently acquired CEC which operates the facility. An interview with the GEO Senior Area Manager revealed that before acquisition, the facility was inspected and the PREA standards were considered. There were four video cameras added in the past year for a total of 79 throughout the facility. Camera placement was observed by the auditor and appeared to cover the facility adequately. There were no major facility upgrades since the last PREA Audit.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. Staff were knowledgeable of procedures to separate the victim and perpetrator; isolate the witnesses follow the chain of command notification; make appropriate referrals and secure and obtain usable physical evidence, when an allegation of sexual abuse has been made. The facility is not responsible for conducting any form of criminal or administrative sexual abuse investigation. In the event a sexual abuse investigation becomes necessary, investigators from the New Jersey Department of Corrections respond to the facility. If a resident is in need of a forensic examination, the resident will be transported to University Hospital, Newark, NJ, which is located 5.2 miles from the facility. The facility has established a contract with University Hospital and they have Sexual Assault Nurse Examiners (SANE) available. These services are provided at no cost to the resident. An interview with representative of University Hospital verified the information. This was also verified in a letter from the hospital to assess, treat, and gather forensic evidence of a state resident in an instance of sexual assault. Additionally, a victim advocate is made available from the Save Rape Crisis Hotline and an Memorandum Of Understanding (MOU) is in place. There have been no allegations of sexual abuse in the last year that required a forensic examination.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. All allegations of sexual harassment/abuse are referred to the NJ DCO for investigation. The residents involved are removed and taken to a state facility a short distance away for safety reasons until the investigation is completed. Once the investigation is complete, the facility receives a report of the outcome and a determination is made if either resident involved will be returned to the facility. There were three allegations (One resident on resident sexual assault and two sexual harassment)referred for investigation during the reporting period. All cases are still open pending the conclusion of the investigation.

Standard 115.231 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, pages 4-5, addresses the requirement of this standard. All staff receive training annually and the curriculum includes all PREA mandates. The facility exceeds requirements in this area. The standard requires refresher training every two years, however, this facility provides training every year to insure staff understands that PREA is vital to the overall operation of the facility which exceeds the standard. The auditor reviewed the training curriculum, training sign-in logs, and other related documentation. Staff acknowledge, in writing, not only that they received PREA training, but that they understood it as well. Additionally, volunteers are provided training relative to their duties and responsibilities yearly.

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, page 4, addresses the requirement of this standard. The facility utilizes the services of a cadre of volunteers who receive PREA training which includes zero-tolerance, reporting requirements, and the restrictions on inappropriate relationships. The training is documented and volunteers are required to sign indicating they read and understand the PREA policy. Volunteers also receive a PREA handbook for their use. The facility was found to be in compliance with the standard based on a review of volunteer training records, the volunteer handbook, and the volunteer curriculum for PREA. In addition a volunteer was interviewed and indicated that they understood all matters related to PREA. The facility does not use the services of contractors.

Standard 115.233 Resident education

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, pages 5-6, addresses the requirement of this standard. There are PREA posters (English and Spanish), a Resident Handbook, and a PREA video that provides residents with PREA related information. Residents receive printed information and a verbal orientation during the intake process. The information explains the facility's zero tolerance policy regarding sexual abuse and sexual harassment, reporting procedures, their right to be free from retaliation, and the availability of advocacy services. During the tour, the auditor observed PREA posters throughout the facility and in housing units. The auditor reviewed all materials to include the PREA video to support compliance with this standard.

Standard 115.234 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable - The facility does not conduct any form of criminal or administrative sexual abuse investigations. All investigations are conducted by the NJ DOC.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, page 5, addresses the requirement of this standard. The agency ensures all medical staff are trained on how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims, and how to report such allegations. The facility does not employ or contract for on-site mental health providers. Forensic examinations are conducted to at the local hospital. Interviews with medical staff and review of the facility medical training slides verified that staff are properly trained. Mental health services are provided by the local hotline advocates in conjunction with services provided by the local hospital.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, pages 6-7, addresses the requirement of the standard. The facility uses a PREA Screening for Risk of Sexual Victimization and Abusiveness Form during intake that fulfill te requirements of the standards. Review of PREA Audit Report

records reveal resident screenings is accomplished within the 72 hours of arrival. Additionally, before a resident arrives at the facility, staff review each resident's record as part of a pre-screening process. Each resident is reassessed within 30 days of arrival to assess their risk of victimization or abusiveness based upon any additional, relevant information received after intake. The facility uses an electronic data base to monitor and track these reviews. Access to this information is restricted to those staff that has a need to know. Residents are not disciplined for refusing to answer screening questions. A review of screening documents and interviews with staff and detainees support a finding that the facility is in compliance with the standard.

Standard 115.242 Use of screening information

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

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Agency PREA policy 1200.06, pages 10-11, addresses the requirement of this standard. The policy requires the use of a screening instrument to determine proper housing, bed, work, education and program assignments and considers the residents own views with respect to his or her own safety. Housing and program assignments are made on a case-by-case basis, with continued monitoring and follow up, as necessary. An enhanced step to their process involves periodic reviews by a committee conducted at seven and thirty day intervals to ensure residents are safe. The meetings are documented and reviewed by the auditor. The facility does not have dedicated housing for lesbian, gay, bisexual, transgender or intersex residents. Staff interviews indicated there is one self-identified transgender and no intersex residents currently housed at the facility. The housing units have individual showers stalls that provide privacy. An interview with the one self-identified transgender resident revealed no issues in regard to privacy when showering and their safety.

Standard 115.251 Resident reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon arrival at the facility, residents receive a resident orientation handbook which explains the zero-tolerance policy and identifies eight outside agencies with telephone numbers (New Jersey Sexual Assault Hotline, Essex County Rape Crisis Center, RAIN National Sexual Assault Hotline, Newark Beth Israel Crisis Hotline, Family Services League Essex County Rape Care Center, the Ombudsman Office, and the SAVE of Essex County hotline and the NJ Coalition against Sexual Assault hotline) that residents can report and seek assistance. These telephone numbers are also on PREA posters located throughout the facility and in the housing units. Interviews with residents revealed they were aware of the hotline numbers and how to report. Many indicated if there was an issue, they felt comfortable talking to a staff member. They were aware of the grievance process and their right to report anonymous, if they so choose. Interviews with staff indicate they are aware of their duty to

report all incidents of alleged or known instances of sexual abuse and/or harassment. Staff are also aware that they can report privately via the ethics hotline. Additionally, all staff interviewed indicated the Director was very approachable and they would not hesitate to advise her of any PREA issues. The facility has in place procedures for third party reporting both by telephone and/or in person.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, pages 16-17, outlines the requirement of this standard. Residents are allowed to file a grievance alleging sexual abuse without using the informal grievance process. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual harassment/abuse. An interview with the grievance coordinator revealed that any PREA grievance is immediately reported to the Director. The Director immediately reports the allegation to the New Jersey DOC for investigation. PREA grievances would be considered an emergency and receive immediate attention. There were no PREA grievances filed during the last year.

Standard 115.253 Resident access to outside confidential support services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The resident orientation handbook and PREA pamphlets outlines the requirement of this standard. The facility provides residents with access to outside victim advocates for emotional support services. The residents have access to numerous advocacy services which includes the New Jersey Sexual Assault Hotline, Essex County Rape Crisis Center, RAIN National Sexual Assault Hotline, Newark Beth Israel Crisis Hotline, Family Services League Essex County Rape Care Center, the Ombudsman Office, and the SAVE of Essex County hotline and the NJ Coalition against Sexual Assault hotline. The auditor observed posters, pamphlets and other relevant information displayed and available in common areas of the facility. Interviews with residents confirmed that they were aware of their access to outside victim advocacy groups.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The resident orientation handbook and GEO website (www.geogroup.com) address the requirements of the standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and residents revealed they were aware of the procedures for third-party reporting. Upon arrival to the facility, each resident received and signs for a handout that addresses the requirements of this standard.

Standard 115.261 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy, 1200.06, pages 18-20 addresses the requirement of this standard. Policy requires all staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment. In addition, staff are required to report any and all retaliation against residents or staff who report such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse/sexual harassment and retaliation relevant to PREA standards and appropriate reporting methods. One volunteer was interviewed and indicated he received PREA training and was well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

Standard 115.262 Agency protection duties

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

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Agency PREA policy, 1200.06, page 8, addresses the requirements of this standard. Staff interviewed were aware of their duties and responsibilities, as it relates to them having knowledge of a resident being at imminent risk for being sexually abused or sexually harassed. Staff indicated they would act immediately to protect the resident by separating the potential victim/predator. In the past 12 months, there was one instance in which the facility staff determined that a resident was subject to substantial risk of sexual abuse. The alleged victim and predator were both removed by the NJ DOC and the investigation is still open

Standard 115.263 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, page 22, addresses the requirement of this standard. Policy requires the reporting of any sexual abuse or sexual harassment allegation by a resident that occurred at another facility. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility Director will notify the head of the facility or appropriate official of the agency where the alleged abuse occurred within 72 hours of receiving the allegation. There has been one allegation of sexual harassment from another facility reported within the last year. A review of the records revealed the notifications were timely.

Standard 115.264 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. All staff interviewed were knowledgeable concerning their first responder duties, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the residents, secure the scene, not allow other residents to destroy any evidence; contact their supervisor and the facility director. They would also not allow the victim to shower, brush their teeth, use the restroom, eat, drink, or change clothes. Staff carry a PREA Quick Check Card, which list the immediate response procedures in the event there is an incident. There were no allegations of sexual abuse in the last year that required first responder duties.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy, 1200.06 outlines the requirement of this standard. The facility has a PREA Response Chart they use as part of their coordinated response plan that is outlined in policy. First responders understand their duties which includes referral to medical and mental health practitioners, investigators and facility leadership. Interviews with staff at all levels indicate they are knowledgeable of the facility's coordinated response procedures.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a collective bargaining agreement in place. The agreement does not limit the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was verified by review of the agreement and interviews with staff.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addressed the requirements of this standard. The facility director is charged with monitoring retaliation. During the interview, she indicated she will follow-up on all cases every 30, 60 and 90 days to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern of potential retaliation, she indicated she would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable- The facility does not conduct any criminal or administrative sexual abuse investigation. Investigations are conducted by NJ DOC.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, page 27, addresses the requirement of this standard. Although all investigations are done by an outside source, the agency requires a standard of the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment should be substantiated.

Standard 115.273 Reporting to residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy, 1200.06, pages 26-27, addresses the requirement of this standard. Policy requires that any resident who makes an allegation that they suffered sexual abuse be informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. The resident will be notified. There was one allegation

of sexual abuse in the last year and the case is still open pending the outcome of the investigation.

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Incidents of this nature by staff will be referred to the proper authority for possible prosecution. There were no allegations of sexual misconduct by staff during this reporting period.

Standard 115.277 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, page 29, addresses the requirement of this standard. Any volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility does not utilize the services of contractors. In the past 12 months, no volunteers violated the provisions of the PREA.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06, pages 28-30, addresses the requirement of this standard. The facility prohibits all sexual activity between residents and may discipline residents for such activity. There were no cases of this nature in the past 12 months.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. Interviews with medical staff reveal if a sexual assault occurred at the facility, they would treat or stabilize any immediate life threatening injuries, notify appropriate staff, and transport the resident to University Hospital. The hospital has Sexual Assault Nurse Examiners (SANE) available. The resident also has access to crisis intervention services upon arrival at the hospital. There is a Memorandum of Understanding (MOU) in place for the support services at the hospital. The treatment is offered at no financial cost to the residents, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Contact with the hospital verified they have SANEs available on-site to meet the requirements of this standard.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. Residents will receive continued treatment as needed at University Hospital and continued support from local advocacy services. Residents receive information on sexually transmitted diseases. The policy reflects medical treatment are provided without financial cost to the victim. The facility would provide mental health evaluation of all known resident on resident abusers. Staff interviews support the finding that the standard is in compliance at this facility.

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy, 1200.06 addresses the requirement of this standard. The policy requires a review be conducted within 30 days at the conclusion of an investigation. The PREA review committee consists of Corporate Senior Management or designee, the facility Director, PREA Compliance Manager, with input from line supervisors, investigators, and medical or mental health practitioners.

Standard 115.287 Data collection

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy, 1200.06, pages 33-34 and the 2015/16 annual reports address the requirements of this standard. The facility collects accurate uniform data for every allegation of sexual abuse. The GEO group posts the PREA reports on their website. Interviews with staff confirms compliance with the standard.

Standard 115.288 Data review for corrective action

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirement of this standard. The facility reviews and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The facility director forwards data to the agency to be included in the Agency's annual report. An annual report is prepared and placed on the GEO website. Compliance with this standard was determined by a review of policy, supporting documents, and staff interviews.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency PREA policy 1200.06 addresses the requirements of this standard. The data is retained in a secure filing system. The final report does not contain any person identifiers and policy requires that the statistical data be retained for a period of not less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the GEO website. The reports cover all data required in the elements of this standard. Interview with corporate PREA Coordinator supports compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Vic Killion

August 15, 2017

Auditor Signature

Date