

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

**Date of report:** August 14, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Vic Killion			
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<b>Telephone number:</b> (812) 244-3378			
<b>Date of facility visit:</b> July 31 - August 2, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Albert M. "Bo" Robinson Assessment and Treatment Center			
<b>Facility physical address:</b> 377 Enterprise Avenue, Trenton, NJ 08638			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (609) 421-2041			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	x Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	X Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> William Moleins			
<b>Number of staff assigned to the facility in the last 12 months:</b> 86			
<b>Designed facility capacity:</b> 1283			
<b>Current population of facility:</b> 526			
<b>Facility security levels/inmate custody levels:</b> Community			
<b>Age range of the population:</b> 18-88			
<b>Name of PREA Compliance Manager:</b> William Moleins		<b>Title:</b> Director/PREA Compliance Manager	
<b>Email address:</b> william.moleins@cecintl.com		<b>Telephone number:</b> (609) 214-2041	
<b>Agency Information</b>			
<b>Name of agency:</b> The Geo Group, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (561) 893-0101			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George C. Zoley		<b>Title:</b> Chairman of the Board, CEO and Founder	
<b>Email address:</b> gzoley@geogroup.com		<b>Telephone number:</b> (561) 893-0101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director, Contract Compliance, PREA Coordinator	
<b>Email address:</b> pmoreland@geogroup.com		<b>Telephone number:</b> (561) 999-5827	

## AUDIT FINDINGS

### NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of Albert M. "Bo" Robinson Assessment and Treatment Center was conducted July 31 - August 2, 2017. The facility consists of three buildings that are connected and houses adult males and females placed there by the New Jersey Department of Correction (NJ DOC) and the New Jersey State Parole Board. These populations are not allowed to intermingle. 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 standards used for this audit became effective August 20, 2012. The agency director and the Agency-Wide PREA Coordinator had been 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 183 staff. The resident population was 465 adult males and 59 adult females.

An entrance meeting was held with the GEO Senior Area Manager, Facility Director/PREA Compliance Manager, GEO PREA Manager, Director for CEC, Clinical Director, and the assistant to the Director of the facility to 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 questioned 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.

A total of 20 random resident interviews were conducted. At the time of the audit, the population did not include residents who were limited English proficient or who self-identified as transgender or intersex. During interviews, three residents self identified as gay and one as bisexual. No residents refused to be interviewed. Residents receive information regarding the program during intake screening. Arriving residents are provided a PREA Sexual Assault Awareness pamphlet. The residents are provided information with reporting mechanisms, to include anonymous third-party resources for reporting. PREA information is also posted in the housing areas and bulletin boards throughout the center and in the Resident Handbook. Residents were very knowledgeable of the PREA reporting options and the zero-tolerance policy.

Staff interviews were completed with 11 random, 11 specialized, one volunteer, and two administrative which were the Director/PREA Compliance Manager and the Human Resource Manager. Additionally, the local hospital/support services representatives were interviewed telephonically. Through interviews, the auditor found the staff to be very aware of the PREA. Staff was knowledgeable about the Agency's zero-tolerance policy, their first responder duties, reporting responsibilities and reporting/referral mechanisms to ensure a safe environment for residents and staff. The Agency's policy prohibiting cross-gender viewing and cross-gender pat searches was in practice at Bo Robinson. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. Staff receive PREA related training as part of their initial training and annually, thereafter, as part of refresher training.

During the past 12 months, the facility had one allegation of sexual assault, which is an open investigation, and three allegations of sexual harassment, which were unsubstantiated. Any and all allegations would be referred to the contracting agency for investigation.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Albert M. "Bo" Robinson Assessment and Treatment Center in Trenton, New Jersey and has been in operation since early 1997 in a one story building that was renovated and opened as a halfway house. Three years later, a second two story building was added. In 2009, a third three story building was added. These buildings are connected and contain administrative offices, counseling, volunteer and educational programs, and a health services department. All housing units, a total of seven, contain multiple rooms with access to a shower and toilet area. Each living area has a multipurpose area. Each resident has access to outside recreation within the secure perimeter. The facility was recently acquired by The GEO Group, Inc. which is a for profit company headquartered in Boca Raton, Florida.

There are 160 video cameras on the premises that are monitored from a central monitoring station and various Supervisors' offices. There is an elevator available for residents with physical disabilities as well as handicap restroom facilities. Concave mirrors are 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. Types of services available include, but are not limited to, educational counseling and academic enrollment, substance abuse counseling, life skills seminars, family services programs, library and leisure time activities. Residents have opportunity to work on their education and it is mandatory if under the age of 21. High School graduates have the opportunity to take classes in the computer lab to gain knowledge and skills of computers and also take a computer base ESL- English as a Second language class. Residents are also able use the computerized law library and attend religious services.

## SUMMARY OF AUDIT FINDINGS

An exit meeting was held on August 2, 2017 with the Director/PCM, GEO PREA Coordinator (via telephone), Senior Area Manager, GEO PREA Manager, Supervisor of Operations, Director (ECHA), Clinical Director, Director-Women's Programs, Director-Columbus House, and the Assistant to the Director. The facility staff were found to be extremely courteous, cooperative and professional. Both staff and residents were knowledgeable with regard to the PREA program. All areas of the facility were found to be clean and well maintained. Residents were observed busy with their programming and staff all displayed a positive attitude about supporting the Bo Robinson mission. There are 39 standards that are considered when auditing this facility. The facility was found to be in compliance with 35 and four standards were deemed not applicable. Accordingly, this auditor finds that the facility meets the PREA requirements for a Community Confinement Facility. . 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: 0

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 the standard. All allegations of sexual abuse at the facility are referred to the Director/PREA Compliance Manager. All cases of sexual abuse or harassment are turned over to the New Jersey DOC for investigation or in the case of those placed by the Parole Division, the local police. Interviews with the Director/PCM indicate that anytime an allegation is made, the appropriate authority (DOC or locals police) responds immediately. After their initial response to the facility, the residents involved are removed and taken to a state facility a short distance away where the investigation continues. Once the investigation is complete, the investigating entity will report the outcome of the investigation to the facility. A determination will then be made on if either resident involved will be returned 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)
- x 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 12, addresses the requirements of this standard. The policy requires the facility to review the staffing plan on an annual basis and update it as necessary. An interview with the facility Director confirmed compliance with these requirements. There are 160 total cameras for video monitoring. They can be viewed from a central monitoring station, the Director's office, Deputy Director's office, and the Supervisor of Operations 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 prevalence of incidents of sexual abuse are also considered when developing staffing patterns. The facility does not deviate from their established staffing plan. When vacancies occur, the facility endeavors to quickly fill the positions with qualified employees.

#### **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)

**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 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, page 5, clearly directs PREA information will be communicated orally and in writing in a manner that is clearly understood, to include those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as resident 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 various dialects of Nigerian. PREA handouts, postings, and resident handbooks are in English and Spanish. The auditor reviewed all mentioned documents. Staff interviewed was aware that under no circumstance 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, However the facility is handicap accessible.

#### **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. Background investigations are conducted by the New Jersey Department of Corrections along with a background check through a private background check (HireRight) company. All background investigations are completed and cleared before any individual begins working with residents. Background checks are also conducted before any individual promoted. Additionally, all staff are given a background check at a five-year interval. All employees have an on-going obligation to disclose any arrests or convictions, other than minor traffic violations, as well as any previously undisclosed incidences of sexual misconduct. Volunteers also have a background check before being allowed to come into contact with residents. This information was verified by reviewing the files of staff, volunteers, and through the interview process with the Human Resource Manager. The facility does not utilize contractors.

#### **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.**

Not Applicable - There were no additions or expansions to the existing facility since the last PREA audit. In addition, there has been no video technology advances since the last 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 interviewed 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. A small portion of the population are under the jurisdiction of the New Jersey State Parole Board. In the event there is an investigation needed for a resident placed there by that agency, the local police will be called in to conduct that investigation. The two different entity population, Parole and DOC, never come into contact with each other and are housed separately. If necessary, residents will be transported to St. Francis Hospital, which is located 2.5 miles from the facility for a forensic examination. The facility has established contact with St. Francis Hospital who provides examination and treatment for residents and SANEs are available. These services are provided at no cost to the resident. Contact was made by the auditor with hospital staff at St. Francis who verified the information. Additionally, a victim advocate is made available at that time from the "WomensSpace," Domestic Crisis Center. The auditor verified this procedure through an interview with the Crisis Center staff. There has not been any forensic examinations in the past year.

#### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 abuse at the facility are referred to the Director/PREA Compliance Manager. All cases of sexual abuse or harassment are turned over to the New Jersey DOC for investigation or in the case of those placed by the Parole Division, the local police. Interviews with the Director/PCM indicate that anytime an allegation is made, the appropriate authority (DOC or locals police) responds immediately. After their initial response to the facility, the residents involved are removed and taken to a state facility a short distance away where the investigation continues. Once the investigation is complete, the investigating entity will report the outcome of the investigation to the facility. A determination will then be made on if either resident involved will be returned to the facility.

#### **Standard 115.231 Employee training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 requirements of this standard. All staff are required to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Staff are required to 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.

#### **Standard 115.232 Volunteer and contractor training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 requirements of this standard. The facility does not utilize contractors. Volunteers are trained in all appropriate aspects of PREA, to include the zero-tolerance, reporting requirements, and the restrictions on inappropriate relationships. The training is documented and volunteers are required to sign that they read and understand the policy. Additionally, all volunteers received a handbook which specifically explains all the PREA requirements. The auditor reviewed volunteer training records, the volunteer handbook, the volunteer curriculum for PREA, and an interview with a volunteer to determine compliance with the standard.

#### **Standard 115.233 Resident education**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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, PREA posters (English and Spanish), the Resident Handbook, and the PREA orientation video address the requirements of this standard. Residents receive information during the intake process that includes a PREA handout and Resident Handbook, printed in either English or Spanish. Residents receive information during the intake process that includes PREA verbal orientation and the handbook. The information explains the Agency/facility's zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding 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 resident housing areas. Posters also explain how to make report

any issues. The auditor reviewed all materials to include the PREA video presented to all residents to support the finding of compliance of 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. There for the facility does not have trained investigators on staff.

#### **Standard 115.235 Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 requirements of this standard. The agency ensures all medical and mental health staff are trained on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and harassment and how to report incidents. Forensic examinations are conducted at the local hospital by Sexual Assault Nurse Examiners (SANE). Interviews with medical staff and review of the facility medical training slides verified that staff are properly trained

#### **Standard 115.241 Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 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 residents 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)

**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 10-11, addresses the requierements 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 for all residents, with continued monitoring and follow up, as necessary. The facility does not have dedicated housing for lesbian, gay, bisexual, transgender or intersex residents. Staff indicated there are no transgender or intersex residents currently at the facility. The housing units in the female resident have individual showers. There are no individual showers for the male residents. The policy reflects the requirement that transgender and intersex residents shall be given the opportunity to shower separately from other residents. Interviews with staff revealed that when this occurs, a separate shower schedule is set up if the individual is assigned to the male unit to allow for individual private showering. An inspection of the showers in the male unit revealed there are curtains to block the view of those showering when this situation presents itself. However, no showers allow for cross gender viewing.

### **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 him 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 addresses 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 abuse. An interview with the grievance coordinator revealed that any PREA grievance is immediately reported to the Director. The Director immediately reports the grievance or allegation to the New Jersey DOC or Parole who initiates the investigation. Those agencies would report the findings of the investigation to the facility who would notify the resident of the outcome. 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 address the requirements of this standard. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. In addition to St. Francis Hospital, the residents have access to numerous advocacy services, to include the NJ Sexual Assault Hotline, NJ Coalition Against Sexual Assault, NJ State Parole Board Victim Services, NJ Ombudsman, Rape Care Program, RAINN (National Sexual Assault Hotline), National Mental Health Crisis Center, US Department of Justice Hotline, and the Mercer

County Rape Crisis Center (WomanSpace). The auditor observed posters, pamphlets and other relevant information displayed and available in common areas of the facility. Interviews with staff and residents confirmed that they were aware of the access to outside victim advocacy groups and where the telephone numbers were located.

#### **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)

**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 GEO website ([www.geogroup.com](http://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 requirements of this standard. Policy requires all staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as outlined in policy, to make treatment, investigation, and other security and management decisions. 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 the PREA as well as the appropriate reporting methods. One volunteer was available to interview who indicated they received PREA training and well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. The facility does not use contractors.

#### **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)

**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 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 requirements of the 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/program, the facility Director shall 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 have been no allegations of sexual abuse/sexual harassment from other facilities reported within the last year.

#### **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.**

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, and 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 at the facility carry a PREA Quick Check Card, which is a quick reference card that lists the immediate response procedures in the event there is an incident. Many staff presented this card to the auditor during interviews. There was one allegation of sexual abuse in the past year that is still open pending the outcome of an investigation.

#### **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 addresses the requirement of this standard. A review of the policy revealed a coordinated response plan to resolve sexual abuse/sexual harassment incidents that includes first responders, referral to medical and mental health practitioners, investigators and facility leadership. Interviews with staff at all levels indicate they are knowledgeable of proper response steps to take in reaction to an incident of sexual abuse.

#### **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 was effective on November 1, 2014. 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 interview 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, pages 17-18, addresses the requirement of this standard. The Director is charged with monitoring retaliation. During the interview, he indicated he will constantly follow-up on all cases and there are 30, 60 and 90 day reviews to ensure policy is being enforced. The review includes 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 for possible retaliation, he indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months. Bo Robinson utilizes a Retaliation Monitoring form that was reviewed by the auditor.

#### **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 is not responsible for conducting any form of criminal or administrative sexual abuse investigation. Any investigation of this nature would be conducted by NJ DOC or the local authorities in the case of those residents placed in the facility by NJ Parole.

#### **Standard 115.272 Evidentiary standard for administrative investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 1200.6, page 27, address the requirements of this standard. Although all investigations are done by an outside source, the agency requires a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

#### **Standard 115.273 Reporting to residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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, address the requirements of this standard. The Agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. There were three unsubstantiated sexual harassment investigations and one sexual abuse investigation that is still open. Although investigations are conducted by outside entities, the facility gets the results of the investigation at the conclusion. The resident is then informed in writing of that outcome if they are still present at the facility. This information was verified via staff interview and review of records.

#### **Standard 115.276 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 28-29 and the Employee Handbook address the requirements 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. Interviews with facility management staff and review of policy verified this information.

#### **Standard 115.277 Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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/harassment 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 contractors. In the past 12 months, there were no volunteers reported to have violated the provisions of the PREA.

### Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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, address the requirements of this standard. The facility prohibits all sexual activity between residents and may discipline resident for such activity. There were no cases of this nature in the past 12 months. In practice, residents that perpetrate sexual abuse or harassment are sent back to the contracting authority where the disciplinary process is carried out.

### Standard 115.282 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 31, addresses the requirements of this standard. Interviews with medical staff indicate that 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 St. Francis Hospital. Mental health staff at the facility would be included in those staff members notified. St. Francis Hospital has SANEs available and crisis intervention services are offered upon arrival at St. Francis. There is a MOU in place for the 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.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 9, addresses the requirements of this standard. Residents will receive continued treatment as needed at St. Francis Hospital and continued support from local advocacy services. Additionally, the facility has qualified and PREA trained mental health personnel on staff. The facility provides for pregnancy test, access to lawful pregnancy related services, and tests for sexually transmitted infectious disease. The policy reflects that such services will be without financial cost to the victim. The facility would attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of an abuse history. 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)
- x 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 27-28, addresses the requirement of this standard. There has been one sexual abuse incident in the past year which remains open pending the outcome of the investigation. 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. Interviews with staff support this finding, along with review of the PREA Incident Review Committee's Report form.

### **Standard 115.287 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- x 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 requirement 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)
- x 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)

x 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 14, 2017

Auditor Signature

Date