

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report: August 1, 2018

Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: June 18-20, 2018

Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: One Park Place, Suite 700, 621 Northwest 53rd Street		City, State, Zip: Boca Raton, FL 33487	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted in GEO's care.			
Agency Website with PREA Information: https://www.geogroup.com/PREA (Social Responsibility Section)			

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Phebia Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	Telephone: 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 111

Facility Information

Name of Facility: Delaney Hall Residential Center			
Physical Address: 451-479 Doremus, Avenue, Newark, NY 07105			
Mailing Address (if different than above): SAA			
Telephone Number: 972-274-0115			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: To be the leading provider of innovative, outcome-based, rehabilitative and technology enable services designed to support our public sector partners.

Facility Website with PREA Information: <https://www.geogroup.com/PREA> (Social Responsibility Section)

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Position is Vacant	Title: Facility Director
Email: N/A	Telephone: N/A

Facility PREA Compliance Manager

Name: Shelby Walton	Title: Manager Quality & Fidelity
Email: swalton@geogroup.com	Telephone: 972-274-0115

Facility Health Service Administrator

Name: Melissa Pagan	Title: Health Services Administrator
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Email: mpagan@geogroup.com	Telephone: 973-274-0115, ext. 553
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Facility Characteristics	
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Designated Facility Capacity: 1022	Current Population of Facility: 622
Number of residents admitted to facility during the past 12 months	3720
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	245
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	999
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2336
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful residents
	18-68 N/A N/A
Average length of stay or time under supervision:	6 months
Facility Security Level:	low
Resident Custody Levels:	low
Number of staff currently employed by the facility who may have contact with residents:	200
Number of staff hired by the facility during the past 12 months who may have contact with residents:	134
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

Physical Plant	
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Number of Buildings: 1	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	108 (110-Male/8-Female)
Number of Open Bay/Dorm Housing Units:	6
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	

Medical	
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Type of Medical Facility:	Outpatient Ambulatory Clinic
Forensic sexual assault medical exams are conducted at:	University/Rutgers Hospital

Other	
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Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	14
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 agency-wide 2 at this facility

Audit Findings

Audit Narrative

The PREA on-site audit of the Delaney Hall Residential Reentry Center (Delaney Hall) was conducted June 18-20, 2018, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Delaney Hall is located 451-479 Doremus Avenue, Newark, NJ. Delaney Hall is an adult 1022-bed facility owned and operated by the GEO Group, Inc. Placements are received from the Union County Corrections, Essex County Corrections and New Jersey State Parole (NJSP).

PRE-AUDIT PHASE

Pre-audit preparation included a thorough review of agency policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. During this review period questions were answered by Shelby Walton, Quality Assurance Manager, who is designated at the facility's PREA Compliance Manager. The facility was provided with facility notices in English and Spanish informing residents of the upcoming audit dates with my name and address if they wished to send correspondence to me. Residents are informed on the notices that correspondence sent to me would be handled like legal mail. A letter was received on 6/9/18 from a NJSP resident.

The Essex County Department of Corrections and the Union County Department of Corrections PREA Coordinators were contacted to discuss the process of allegations referred from Delaney Hall or when reported on their respective reporting hotline numbers. These numbers are provided to residents on the *Resident Reporting Options* posters and on page 9 of the *PREA Education Manual for Residents*. Both Essex and Union Counties PREA Coordinators reported that if an allegation of sexual abuse is received, the victim and the perpetrator would be returned to custody. The resident victim would be seen in the infirmary of their facility and transported to the University/Rutgers Hospital for a forensic exam if warranted. Investigations of allegations of sexual abuse and sexual harassment are conducted by the Internal Affairs Bureau of the respective counties.

A request was made of the PREA Coordinator of Essex County for the facility to be provided with the written investigative report at the conclusion of investigations conducted by the Essex County Internal Affairs Bureau. Currently the facility is notified of the disposition of the investigation only. The Essex County PREA Coordinator stated he would discuss with leadership and contact me with more information.

ONSITE AUDIT PHASE

On the first day of the audit, an entrance meeting was held with Shelby Walton, Manager Quality and Fidelity/PREA Compliance Manager for County Side, Adler Pierre, Unit Manager/PREA Compliance Manager for NJSP side, and Tracy Stevens, Program Performance Manager Eastern Region attending. The Facility Director position was vacated on 6/15, just three days before the onsite audit visit. Following the entrance meeting, those in attendance of the entrance meeting and Guy Cirillo, Assistant Facility Director of Security accompanied me on a site review of Essex and Union County Side of the facility. During the review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices provided during the Pre-

Audit phase were found displayed in various locations throughout the facility with the date posted noted as 5/7/18.

Resident Reporting Options posters in both English and Spanish were posted throughout the facility in bulletin boards on each housing unit and *Third Party Reporting* posters were posted throughout the facility in areas visible to staff and visitors. A recommendation was made to post *Resident Reporting Options* posters in all resident rooms. The *Resident Reporting Options* poster directs residents to inform a staff member or the PREA Compliance Manager immediately in person or in writing or inform a third party to report for them. It also gives residents the phone number to the RAINN National Advocacy Hotline. Residents are informed of the mailing address and the hotline number to the New Jersey Coalition Against Sexual Assault and the reporting number to the Essex County PREA Coordinator, the Union County PREA Coordinator and SAVE of Essex County.

On the first day of the audit, calls were made from a resident pay phone to the New Jersey Coalition Against Sexual Assault (800-601-7200), the RAINN National Advocacy Hotline (1-800-656-4673) and to SAVE of Essex County (877-733-2273) to ensure these numbers were accessible to residents. All numbers were found to be accessible. Calls to RAINN and the New Jersey Coalition Against Sexual Assault were both routed to an advocate at the Hudson County Rape Crisis Center.

It was noted while touring the kitchen that there is a blind spot in the dishwashing area in the loading dock area and in two dry storage areas. A recommendation was made to install two dome mirrors in the far back right corner of the large dry storage area. There is a camera in the far left back corner in the loading dock area and it was recommended to move the camera from that corner to above the door entering the loading dock area from the kitchen to help capture the loading dock area as well as the entrance of the first dry storage area. On the final day of the audit, the kitchen was inspected and the dome mirrors had been installed. The mirrors did not provide a visual to this area and it was recommended that moving both mirrors slightly lower might help. (See Post-Audit Phase section for follow-up)

During the site review of the County Side Unit 1, a Law Library located within a group room was not visible from the glass windows facing the hallway. In the Law Library, there are cubicle-style workstations and a large space between the left side of the last workstation and the wall. It was recommended the last workstation be moved closer to the wall, but still allow access to wires and plugs behind the workstations and that a mirror be installed on the wall above the workstations to provide a visual of the Law Library from the group room. Before the conclusion of the audit visit a mirror was installed in the middle of the wall above the workstations and when the area was revisited, it was recommended that the mirror either be moved over to the right more or that another mirror be added in order to monitor this area. (See Post-Audit Phase section for follow-up)

A site review of the NJSP side of the facility was conducted on the second day of the audit with Shelby Walton, PREA Compliance Manager, Adler Pierre, Unit Manager and the David Krusznis, Deputy Director of Security accompanying me. Facility notices in English and Spanish were found posted on bulletin boards in the housing unit and *Resident Reporting Options* posters were found in common areas and in resident rooms above the pay telephones. Three unoccupied storage rooms were found to be unlocked. It was recommended that these rooms be secured at all times.

During the site reviews, I spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. On the first day of the audit, the population totaled 622 residents, which included 345 male and 34 female Essex County residents, 101

male and 6 female Union County residents and 136 male New Jersey Department of Parole residents. The facility provided resident housing rosters, At-Risk logs of residents screened at intake to be at risk for victimization and abusiveness and LGBTI Logs. At the time of the audit visit there were no residents who were blind, with low vision, deaf, hard of hearing, with cognitive deficits, low reading skills or limited English proficient. There were no residents that self-disclosed being gay, bisexual or intersex. From these lists, residents were selected to be interviewed. A total of 22 residents from the County Side and 12 from the NJSP side were interviewed. The breakdown of residents interviewed with special designations is as follows:

County Side

Number of Residents	Special Designations
3	Screened at Risk for Victimization
1	Screened at Risk for Abusiveness
1	Screened at Risk for Victimization/Lesbian

From the interviews of residents on the County Side, three residents reported they had not seen the PREA video and three reported they had not seen the video and did not receive a PREA Education Manual or PREA pamphlet upon intake. In review of the training records of these residents, all six residents had signed documentation indicating they had seen the video and received written PREA educational material upon arrival to the facility.

One resident reported that he arrived on 6/13 and had received PREA screening and received PREA educational material just before coming into the interview, which was on 6/20. The facility’s internet was down from 6/13 thru 6/18. The PREA Compliance Manager on the County Side was uncertain if residents who arrived on these dates were screened. The facility was asked to verify completion of *Risk Assessment Screenings* for all residents who were admitted to the facility during the period of 6/13 – 6/18. The PREA Compliance Manager on the NJSP side was able to confirm that *PREA Risk Assessment* were completed for all residents that arrived during that period. (See Post-Audit Phase section for follow-up)

The PREA Compliance Manager on the County Side reported that he picks up initial and 30-day reassessment forms from the Case Managers on Mondays and Fridays. It was recommended this procedure be changed so that screening information be received and reviewed daily to ensure that residents are appropriately housed. (See Post-Audit Phase section for follow-up)

NJSP Side

Number of Residents	Special Designations
2	Screened at Risk for Victimization
3	Screened at Risk for Victimization and Abusiveness
1	Transgender
1	Resident Who Sent Correspondence

On both the County Side and NJSP side, residents interviewed reported female staff make an announcement prior to entering the housing and restroom areas. This practice was observed while on-site. Staff were knowledgeable of the agency/facility zero-tolerance policies and knew how to report

allegations of sexual abuse and sexual harassment. They also reported they feel safe from sexual abuse at this facility.

Twenty-one specialized staff and 25 random staff were interviewed. These numbers include staff assigned to the County Side and NJSP side. Included in the specialized staff interviewed there were two contractors and two volunteers. Both PREA Compliance Managers are trained investigators, are on the Incident Review Committee and are responsible for retaliation monitoring. They were asked questions as they relate to each of those roles. The agency's PREA Coordinator and the Executive Vice President Continuum of Care & Reentry Services (agency head designee) were both interviewed at an earlier date by telephone.

Staff interviewed were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew to whom to report to if they received a PREA allegation and knew how to respond if they learned that a resident was in imminent danger of sexual abuse.

I reviewed the Human Resource files of 17 employees and 16 contractors with the Human Resource Manager to determine compliance with criminal background check procedures. Employee files reviewed showed criminal background checks for pre-employment and for those promoted and transferred in the past 12 months per agency policy and the PREA standards. Facility contractors include six food service contractors, one physician, one psychiatrist and eight dental staff. In review of contractor records, criminal background checks were not found for two food service workers, the physician and the psychiatrist. (See Post-Audit Phase section for follow-up)

Documentation of annual PREA training for employees is maintained in the Human Resource files. The same 17 employee and 16 contractor files were reviewed to determine compliance with the requirements of annual PREA training. Six Security Monitors reported they had not completed PREA training since being hired at Delaney Hall. In review of staff training records for these employees, documentation showed six Security Monitors had not received PREA training. Documentation of PREA training for all eight dental staff was also missing. (See Post-Audit section for follow-up)

Volunteer files are maintained by the Chaplain. Volunteer records were reviewed with the Chaplain. In telephone interview with two volunteers, they stated the names of volunteers that come to Delaney Hall with their religious group. Two of the names were not listed on the Chaplain's volunteer list and he did not have volunteer files for them. The Chaplain stated he was not familiar with these two volunteers, but he would inquire about them and if they were active volunteers, he would ensure they receive PREA education. (See Post-Audit Phase section for follow-up)

Twenty resident files from the County Side and 15 from the NJSP side were reviewed to determine compliance with screening requirements and the requirements for PREA education for residents. Three 30-day reassessment screenings were found to be completed past the 30-day date on the County Side two on the NJSP side. One resident on the NJSP side arrived at the facility on 2/22/18 and was screened to be at risk for victimization. He was not referred for a mental health evaluation from screening, but was later referred on 5/31/18, following an allegation he made on 5/4/18 of staff-on-inmate sexual abuse. Other resident records showed initial and 30-day screenings to be timely and referrals to mental health as required.

All resident records reviewed revealed that residents are receiving PREA written information upon intake. On the County Side, residents view the PREA video upon intake and on the NJSP side, the

PREA video is shown on Mondays and Thursdays each week. The facility is maintaining documentation of PREA training of residents.

Both PREA Compliance Managers are trained facility investigators. When allegations are received from any of the three clients, they are forwarded to the client. The victims are removed from Delaney Hall and taken back into custody. In some cases, the client may refer the allegation back to the facility for administrative investigation by a trained facility investigator. In the 12 months preceding the audit, there were seven allegations received. The breakdown of those allegations are as follows:

Number	Description	Referred To	Disposition
2	Staff-on-Inmate Sexual Abuse	1- Essex County 1 - NJSP	1 - Not PREA 1 - Ongoing
2	Staff-on-Inmate Sexual Harassment	1 – Essex County 1 – NJSP	1 – Not PREA 1 – Referred back - Ongoing
1	Inmate-on-Inmate Sexual Abuse	Union County	Ongoing
2	Staff Voyeurism	2 – Essex County	2 - Ongoing

On the last day of the audit, Mike Taylor, Essex County PREA Coordinator came to Delaney Hall to meet with me and the Shelby Walton, PREA Compliance Manager to discuss my request in the Pre-Audit Phase for the facility to receive investigative reports at the conclusion of investigation by the Essex County Internal Affairs Bureau. The PREA Coordinator reported that he presented the request to his leadership and they agreed that reports of completed investigations would be provided to the facility. He further stated that completed investigative reports would be forwarded to Shelby Walton, PREA Compliance Manager.

At the conclusion of the onsite audit, an exit meeting was held with Shelby Walton, Quality Assurance Manager/PREA Compliance Manager, Adler Pierre, Unit Manager, Dave Krusznis, Deputy Director of Security for NJSP side, Jill McNamara, RN/RHSM, Tracy Stevens, Program Performance Manager Eastern Region and Jonathon Dressler, Director, Quality Assurance and Reentry Services. Audit findings and observations were discussed. The facility was informed of the required steps that would need to be taken to achieve compliance to all provisions of standards 115.231, 115.232, 115.233 and 115.241. They were also reminded of the recommendations made concerning mirrors in the kitchen area and the Law Library. It was requested that the facility submit all documentation to Jonathon Dressler, Director, Quality Assurance and Reentry Services and Tracy Stevens, Program Performance Manager Eastern Region for their review and they would forward it to me.

POST-AUDIT PHASE

Since the On-Site Audit visit, the facility provided the following documentation for my review:

- The facility provided photos of the two dome mirrors in the kitchen loading dock area that were lowered and a dome mirror installed in the dry storage area.
- The facility provided photos of an additional dome mirror that was installed in the Law Library in Unit 1 and a photo of the last workstation moved closer to the far left wall of the room.
- The facility identified 86 residents admitted to Delaney Hall between the periods of 6/13 – 6/18 and included those admitted on 6/19 and 6/20. They provided excel worksheets, sorted by date of arrival, which included residents’ names, identification numbers and sending agencies

along with a copy of their *PREA Risk Assessments, Acknowledgement of Required Training* forms and *Acknowledgment of Receipt of PREA Education Manual* forms for all 86 residents.

- The corporate office worked with the facility to develop a detailed written procedure for the resident PREA intake process. This procedure outlined the steps of the process and who was responsible for each step. Case Managers will be required to put *PREA Risk Assessments, Acknowledgement of Required Training* forms and *Acknowledgment of Receipt of PREA Education Manual, PREA Vulnerability Questionnaire* forms, as well as other required intake documentation, in a lock box located outside of the PREA Compliance Manager's office daily. It will be the responsibility of the PREA Compliance Manager to check the lock box daily and review the screening forms to ensure *At-Risk Logs* and *LGBTI Logs* are kept current and ensure residents are appropriately housed. The PREA Compliance Manager provided a photo of the locked box and in follow-up conversations with the PREA Compliance Manager and the Performance Program Manager Eastern Region confirmed that the new procedure is in place and working well.
- The facility provided documentation of criminal background checks for the two food service workers and the Physician. Documentation of a criminal background check for the Psychiatrist was not provided as the Psychiatrist resigned on 7/13/18. Documentation to show his resignation was provided.
- The Chaplain contacted the two religious volunteers that he was not familiar with. Both of the volunteers completed PREA training. The facility provided *PREA Basic Training Acknowledgement* forms for these two individuals.
- *PREA Basic Training Acknowledgement* forms were provided for six Security Monitors and all eight dental staff.

After review of documentation received in the Post-Audit Phase to prove compliance to standards 115.231, 115.232, 115.233 and 115.241, the facility was found to meet compliance to all of the provisions of these standards. In review of *PREA Risk Assessments* and documentation of residents receiving written PREA information and viewing the PREA video, dates showed compliance to PREA screening requirements and receipt of PREA education to residents. All required criminal background checks and PREA training documentation provided for review was found to be complete. In review of the written intake procedures the facility has implemented showed compliance to the requirements of screening procedures.

During the Post-Audit Phase, all information reviewed in the Pre-Audit Phase as well as documentation obtained during the On-Site Audit Phase and through observations and interviews, the facility was found to meet compliance to all of the requirements of the remaining standards.

Facility Characteristics

The Delaney Hall Residential Reentry Center is an 119,900 square feet, two-story structure with a rated capacity of 1022. The facility was formerly owned and operated by the Community Education Center (CEC). While under CEC's operation the facility housed Essex County, Union County, NJSP and ICE residents. In 4/17 when GEO acquired the facility, the facility closed and reopened in 9/17 and housed only Essex and Union County residents until 5/2/18 when NJSP residents arrived under a new contract.

There are two entries to building, one entry leads to the County Side and the other the NJSP side. Initial entry to both sides is through separate gatehouses where there is a metal detector and staff present to check staff and visitors into the facility. The following is the characteristics of each side of the facility.

County Side

After going through the gatehouse, steps lead up to the front door of this side of the building, which enters into a large lobby area with an adjacent Main Reception. Staff posted in Main Reception monitor camera surveillance and control doors from this area. Behind Main Reception there are administration offices where the Business Office, Classification Office, Regional Maintenance office, IT Maintenance office, Regional Health Services Administrator office, staff breakroom and conference room are located. Double doors from this area lead to a long hallway known as the Green Mile. The Main Medical department is in this hallway. Main Medical has a nurse's station, two exam rooms, two offices and a dental suite. *Resident Reporting Options* posters and *Third Party Reporting* posters were found posted in Main Medical.

There is a large Lecture hall with two double glass doors. A library and a classroom are accessible within the Lecture Hall. At the end of the Green Mile is the Operations Hallway. Residents arriving to the facility for intake go through a metal detector. Within the Operations Room there are two holding rooms, the doors of each holding room have a large cutout window. There is an intake waiting room adjacent to the Operations Room. New arrivals view the *PREA: What You Need to Know Video* in this waiting room where staff in the Operations Room can monitor residents in this room through a large cutout window.

Next to the Intake Waiting Room, there is a Laundry Room. In the center of the building, there are two dining halls, one for Essex County residents and one for Union County Residents. A Security Monitor is posted just outside of the entry to the dining halls. Adjacent to the dining halls there is the kitchen. Behind the kitchen, there is a loading dock and two dry storage areas.

There is a Community Detail Unit (CDU) for Essex County residents who are picked up by the county to work in the community doing landscaping and park clean-up details. Entering into the CDU there is a day room area with a television, tables, books and a microwave and a security office with a glass enclosure. There are 20 single cells with a double bunk and toilet/sink in each cell. Cell doors have a small cutout window. There are two individual showers in CDU.

Towards the center of the building, there is Unit 1, the female unit. Unit 1 has the capacity to house 72 Essex and Union County females. Rooms have double bunks and a pay telephone in each room. Entering the unit there is a group room with an adjacent law library and a day room with a television and chairs with an adjacent beauty room. There is a restroom in Unit 1 that has eight sinks, eight toilet stalls and a shower room with 12 showerheads with a shower curtain in the entry of the shower room. At the end of Unit 1, there are two resident rooms with restrooms within the rooms. The rooms are occupied by residents, but the restrooms are not in use.

Another hallway on the first floor has the Lead Case Manager's office, a GED classroom, a maintenance office, a maintenance storage room and a medical file storage room. There is a strip search room where the referring agency search residents upon arrival to the facility for initial intake to the facility and when returning from court.

The second floor of Delaney Hall on the County Side there are four housing units, Units 2, 3, 4 & 5. Unit 4 was vacant at the time of the audit visit. There is an elevator to reach the second floor that is used by staff and residents only with permission or when escorted by staff.

Unit 3 houses Union County residents and has the capacity to house 134 residents. Between Unit 2 (NJSP residents) and Unit 3 there is a small medical clinic that is staffed 24-hours a day. There is a nurse's station/office, a medication room and a doctor office/exam room.

Unit 5 houses Essex County residents and has the capacity to house 378 residents. Entering Unit 5 is a Unit Operations Office with large window cutouts to monitor the hallway and day room. Down the hall, there is a Barber Shop and beyond that, there is a second day room. There are two sides of resident rooms on Unit 5 with a common restroom with toilets, sinks and showers on each side. A door that could provide access from one side of the unit to the other is blocked.

Signs outside of the restroom entryways in English and Spanish inform residents that the restroom is the authorized changing area and that all female staff are required to knock and announce their presence when entering into this area.

NJSP Side

The location and entrance for the NJSP side is on the far right of the facility past the Main Reception area. Also in this area, there is a training room, education classroom, a group therapy room, parole office, administration offices a video conference/attorney visits/family services room.

Unit 2 is the NJSP housing unit with the capacity to house 238 residents. There are 23 rooms, each with anywhere from 6-12 beds in each. On the far right side in the front of the unit, there is a Law Library.

Like the units on the County Side, when entering Unit 2 there is an Security Office located in the front area close to the medical clinic and there are four other staff offices located on the far left side of the unit.

Unit 2 has two common restrooms that are opposite from each other with shower rooms within the restrooms and sinks, urinals and toilet stalls. One of the restrooms has a barbershop located in the restroom. Signs outside of the restroom entryway in English and Spanish inform residents that the restroom is the authorized changing area and that all female staff are required to knock and announce their presence when entering this area.

There are two group rooms in Unit 2. The main group room and the larger of the two, is located in the center of the unit and the resident rooms are on the sides. The smaller group room is located on the far left side of the unit.

Summary of Audit Findings

Through the audit of Delaney Hall, it was determined that the facility was found to exceed in 5 of the standards and met all of the requirements of the remaining standards. The audit findings are as follows:

Number of Standards Exceeded: 5

The facility was found to exceed in the requirements of standards 115.211, 115.213, 115.233, 115.251 and 115.288.

Number of Standards Met: 36

The facility was found to meet compliance to all of the requirements of the following standards: 115.212; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.231; 115.232; 115.234; 115.235; 115.241; 115.242; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

Number of Standards Not Met: 0

There were no standards found that did not meet compliance.

Summary of Corrective Action (if any)

Corrective action for meeting compliance to standards 115.231, 115.232, 115.233 and 115.241 were completed within the Post-Audit Phase before the completion of this report. Documentation provided by the facility showed that all provisions of each of these standards was met. (See Post-Audit Phase section for details)

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

115.211 (a): GEO policy 5.1.2-A and Delaney Hall policy 2014-6 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Both policies, upon review, were found to be very comprehensive and include a thorough description of the agency /facility's approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirements of this provision of the standard.

115.211 (b): GEO policy 5.1.2-A, pages 6 & 7, section III-B, and facility policy 2014-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency not only employs an agency-wide PREA Coordinator who oversees the agency efforts to comply with all agency facilities, but also employs a Director, Quality Assurance and Reentry Services who provides oversight to the agency's reentry facilities; therefore, exceeding in the requirements of this provision of the standard. The agency also employs four Program Performance Managers who assist facilities in their PREA programs.

The PREA Coordinator and the Director, Quality Assurance and Reentry Services are extremely knowledgeable and continue to provide facilities with support and assistance for the implementation and enhancement of their agency's PREA programs. In interview with the agency's PREA Coordinator at an earlier date and the facility's PREA Compliance Managers during the on-site audit, they all stated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

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

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

GEO is a private provider and does not contract for the confinement of its residents; therefore, this standard is not applicable to this facility.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.213 (a): Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, page 3, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. The facility's design capacity is 1022 residents and the staffing plan was developed based on that number. In information provided on the Pre-Audit Questionnaire, since the last PREA audit, the average daily population of Delaney Hall was 375 residents.

115.213 (b): The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. In review of information provided on the Pre-Audit Questionnaire and upon interview with the Acting Facility Director and the PREA Compliance Managers, in the past 12 months there were no times that there were deviations to the staffing plan. Staff vacancies are filled by the use of staff overtime.

115.213 (c): Whenever necessary and no less that annually, the staffing plan is reviewed by the Facility Director along with other administrative team members, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Senior Area Manager, PREA Division Coordinator, Vice President, Residential Reentry Centers and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *PREA Annual Facility Assessment* completed 11/8/17, no recommendations were made for changes to the established staffing plan at that time.

When interviewed the agency's PREA Coordinator stated that she is made aware of any assessments of or adjustments to the staffing plan for all facilities through incident reviews of substantiated and unsubstantiated allegations and through her review of *PREA Annual Facility Assessments*.

GEO policy 5.1.2-A, page 7 section C-1, f & g, requires facility management staff and supervisors to conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Employees are prohibited from alerting residents or other employees that these supervisory rounds are occurring. Security Monitors tour their unit at a minimum of every 30 minutes and document these tours in the Housing Log Books. Review of Housing Log Books showed rounds are being conducted on all three security shifts.

At a minimum, one unannounced PREA round on each shift each month is conducted. On the County Side, unannounced PREA rounds are conducted by the Assistant Facility Director of Security or Monitors II and on the NJSP side, by the Monitor II's. Unannounced rounds are documented on the *PREA Unannounced Supervisor Rounds* form. Completed forms are submitted to the PREA Compliance

Manager. In documentation provided for review prior to the audit visit and while on site, these rounds are being conducted as required with excellent documentation.

The facility was found to exceed in the requirement of this standard. There is excellent tracking of compliance of the staffing plan and unannounced PREA rounds and unit tours being conducted and well documented.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

115.215 (a): Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I-J, and facility policy 2014-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches, Offender/Resident "Strip" Searches and "Body Cavity" Searches, and Limits to Cross-Gender Viewing and Searches*, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Agency and facility policies require that all cross-gender strip searches and body cavity searches be documented. Resident strip searches and body cavity searches are prohibited at Delaney Hall. In information provided on the Pre-Audit Questionnaire, the past 12 months there were no cross-gender strip or cross-gender visual body cavity searches performed.

115.215 (b): Per policy, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Female residents are not restricted access to regularly available programming or other outside activities as there is always female Monitors on duty to pat-search females. This practice was confirmed in interview of female residents who reported they were never restricted because there has not been a female Monitor to pat search them.

115.215 (c): The facility requires that all strip searches and pat searches be documented. The *Search Log*, used for this purpose, was provided for review prior to the audit visit and was observed in use during the audit visit.

115.215 (d): The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. Signs outside of the restroom entryway in English and Spanish inform residents that the restroom is the authorized changing area and that all female staff are required to knock and announce their presence when entering this area. Residents interviewed confirmed staff of the opposite gender announce their presence and reported they feel they have privacy to shower, toilet and change their clothing when staff of the opposite gender are in their housing area.

115.215 (e): Based on GEO policy 5.1.2-A and facility policy 2014-4, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.215 (f): In addition to general training provided to all employees, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents which is included in the *Guidance in Cross-Gender and Transgender Pat Searches* curriculum that was provided for review. In the past 12 months, there have been no residents who self-disclosed being transgender or intersex.

The *Guidance in Cross-Gender and Transgender Pat Searches* curriculum was found to instruct staff on how to effectively and professionally conduct cross gender searches of all residents consistent with security needs. This training is part of pre-service and in-service training for all staff. Staff sign a *PREA Basic Training Acknowledgement* form upon completion of this training. Receipt of this training was verified through interviews with staff and in review of random staff training records.

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

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

115.216 (a)

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

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

115.216 (a): The agency takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, pages 11 & 12, section E-1 and facility policy 2014-2, pages 1 & 2, section V, were used to verify compliance to this standard. The agency ensures that residents who are deaf, hard of hearing, blind, with low vision, with cognitive deficits, with low reading skills or limited English proficient are able to receive and understand PREA information presented to them.

115.216 (b): Residents receive a *PREA Education Manual for Residents* during the intake process, which is available in English, Spanish and in large print for residents with low vision. PREA posters and a *PREA: What You Need to Know* video is available in both English and Spanish. Staff proficient in the Spanish language provide interpretation to Spanish speaking residents. A contract with Language Line Services, Inc. provides for the translation of any other languages. The facility has a TDD machine for the use of deaf or hard-of-hearing residents.

115.216 (c): The agency prohibits the use of resident interpreters, resident readers or other types of resident assistants except in limited circumstances. In documentation provided and in interview with random staff, in the past 12 months, there have been no instances where resident interpreters, readers or assistants were used. Random staff interviewed knew that policy prohibits residents being used for these purposes.

At the time of the on-site visit, there were no residents who were deaf, hard of hearing, blind, had low vision or who had cognitive or reading deficits. There was one resident identified as limited English proficient, but through interview it was determined he was bilingual.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

115.217 (a): GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 16, section H-4 and facility policy 2014-1, page 4, section 2, interview with the Human Resource Manager and review of random

employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

115.217 (b): GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.217 (c): The agency requires that all applicants and employees who may have contact with residents have a criminal background check. All potential employees for the County Side receive background clearances through Essex County and a criminal background check is conducted through Career Builders. For applicants on the NJSP side, New Jersey Division of Parole and Community Programs does their own criminal background checks and applicants have criminal background checks through Career Builders as well. If an applicant answers that they have previously worked at a confinement facility, a Custom Employment Report is ordered from Career Builders for PREA verification. For those considered for promotions or who transfer from another facility, will have an internal background check by GEO. In the past 12 months, 134 criminal background checks were completed.

115.217 (d): The agency also requires that all contractors have criminal background checks and follow the same process as criminal background checks for employees. Page 16, section 4 of the agency policy addresses the requirements of criminal background checks for contractors.

115.217 (e): The agency conducts criminal background checks through Career Builders and the New Jersey Division of Parole and Community Programs every five years.

115.217 (f): The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Career Builders is completed as well as a GEO internal PREA verification. At the time of annual performance evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation* form.

115.217 (g): GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director.

115.217 (h): Unless prohibited by law, GEO Corporate Reentry Services Human Resources Department will provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

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

Auditor Overall Compliance Determination

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

115.218 (a): GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2014-1, page 4, section 3, documentation provided for review, observation during site review was used to verify compliance to this standard. Per agency and facility policies, Delaney Hall shall consider the effect any new design, acquisition, expansion or modification of physical plant might have on the facility's ability to protect residents from sexual abuse. Since the last PREA audit, there were no new facilities and no substantial expansions or modifications were made to the existing facility.

115.218 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Since the last PREA audit, the facility added three cameras.

In interview with the Executive Vice President Continuum of Care & Reentry Services, he explained that every reentry facility that is acquired or that is planning modifications, an assessment is made by the operations team along with the construction staff taking into consideration the facility's ability to protect residents' sexual safety. He further stated that when installing or updating monitoring technology, a constant assessment is made by the PREA Coordinator and her team assessing for blind spots and cameras to improve the staffs' monitoring efforts for the protection of residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

115.221 (a): GEO policy 5.1.2-E, pages 6-10, sections D-J outlines the agency's requirements as it applies to this standard. Facility policy 2014-6, page 7, sections 3 & 5-f & h and page 10, section H-6

addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.221 (b): It is the policy of the agency the local law enforcement that conduct investigations ensure that all forensic evidence collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ).

115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. In the event of an incident of sexual abuse, a NJSP resident victim is transported to the University/Rutgers Hospital for a forensic exam. Essex and Union County resident victims of sexual abuse are returned to their respective jails and seen in the infirmary before being referred for a forensic exam at a local hospital. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no forensic examinations required.

115.221 (d): The facility is attempting to enter into a Memorandum of Understanding (MOU) with SAVE of Essex County. On the second day of the audit, the Director, Quality Services Reentry Services met with the Executive Director of SAVE of Essex County to discuss the terms of the MOU. In the absence of the MOU, SAVE of Essex County provides residents of Delaney Hall a 24-hour reporting hotline and victim support services.

115.221 (e): Victim Advocacy services are provided by a team of Sexual Assault Advocates from SAVE of Essex County.

115.221 (f): This provision is not applicable to this facility as the agency/facility is responsible for conducting administrative sexual abuse investigations.

Residents are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Residents*, page 9, and on the *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents were aware of that emotional support services would be available to them, but unsure of the name of the agency.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.222 (a): GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2014-6, pages 6 & 7, sections 2 & 3 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. In interview with the Executive Vice President Continuum of Care & Reentry Services (Agency Head Designee), he stated that by corporate and local policies, administrative and criminal investigations are required. He further stated that trained facility investigators conduct administrative investigations and local, state or federal agencies, depending on contract, conduct criminal investigations.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director will make immediate notification to the resident's referring agency, the PREA Compliance Manager, the GEO PREA Coordinator, to the Director, Quality Services Reentry Services, the Senior Area Manager and to GEO's Office of Professional Responsibility (OPR), if the allegation involved staff.

When the PREA Coordinators from Essex County DOC and Union County DOC were contacted they both stated that allegations of sexual abuse and sexual harassment from residents from their counties were investigated by their respective Special Investigation Units. If not deemed criminal, the allegation may be referred back to the facility to be administratively investigated by a facility investigator. Allegations involving NJSP residents are investigated by a facility investigator and if criminal, referred to the Newark Police Department for criminal investigation or referral for prosecution. When interviewed the PREA Compliance Manager, confirmed this to be the procedure.

According to information provided on the Pre-Audit Questionnaire and in interview with the facility investigators, there were no allegations that were referred for criminal investigation in the past 12 months.

115.222 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to the Newark Police Department who have the legal authority to conduct criminal investigations. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the *PREA Monthly Incident Outcome Tracking Log*. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website at <https://www.geogroup.com/PREA>.

115.222 (c): The information published on the GEO website describes the responsibility of the agency to refer investigations of sexual abuse and sexual harassment for criminal investigation and the responsibility of the investigating entity.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

115.231 (a): GEO employees receive training on GEO’s zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency’s requirement of this training is found on pages 12 & 13, section F-1. The *PREA DOJ 2017 Pre Service* and the *PREA 2017 In Service* training curriculums were reviewed and found to address all elements of this provision of the standard as required. Pre-service training is classroom training and employees complete annual training online through the Learning Management System.

115.231 (b): Delaney Hall houses adult males and females. The training provided to all staff is tailored to meet the needs of both male and female residents.

115.231 (c): In information provided in the Pre-Audit Questionnaire and in review of random staff training records, there are 225 staff currently employed at Delaney Hall and all staff have received PREA education as required and receive this refresher training annually. Between trainings, the facility has monthly staff meetings where PREA is reviewed and discussed.

115.231 (d): Staff completing PREA training sign a *PREA Basic Acknowledgement* form (attachment E to policy 5.1.2-A), that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches 2016* training. Documentation of annual PREA training for employees is being maintained by the facility.

Review of random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

115.232 (a): All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 14, section G-1 for volunteers and page 15, section H-1, for contractors.

115.232 (b): Delaney Hall has 16 contractors and 16 volunteers. Contractors and volunteers receive the same *PREA DOJ 2017 Pre Service* and training as employees and sign a *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the agency's zero-tolerance policy. In interview with one contractor and one volunteer, they confirmed receiving the training annually and were knowledgeable of the agency/facility's zero-tolerance policy and how and to whom to report PREA allegations to.

115.232 (c): The facility maintains documentation that confirms the volunteers receive and understood the training they receive.

Standard 115.233: Resident education

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

115.233 (a)

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

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

115.233 (a): Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 2014-2, pages 6 & 7, *Documentation* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents.

According to information reported on the Pre-Audit Questionnaire, in the past 12 months, 3720 residents admitted to the facility received written PREA educational material upon arrival to the facility. Residents receive a *PREA Education Manual for Residents* and view the *PREA: What You Need to Know* video. Residents sign an *Acknowledgement of Receipt of PREA Educational Manual* form and sign another acknowledgement form that they have received training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health.

Residents interviewed acknowledged receiving PREA information upon arrival to the facility and viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse, sexual harassment. Due to the resident file review and the level of knowledge that residents had of the PREA education they received, the facility was found to exceed in the requirements of this standard.

115.233 (b): The facility provides refresher information whenever a resident is transferred to Delaney Hall from another facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there were 245 residents who transferred from a different community confinement facility to Delaney Hall and all received written PREA educational material upon their arrival and viewed the *PREA: What You Need to Know* video.

115.233 (c): Resident education is provided formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or with limited reading skills. Residents receive a *PREA Education Manual for Residents* during the intake process, which is available in English, Spanish and in large print for residents with low vision. PREA posters and a *PREA: What You Need to Know* video is available in both English and Spanish. Staff members proficient in the Spanish language provide interpretation to Spanish speaking residents. A contract with Language Line Services, Inc. provides for the translation of any other languages. The facility has a TDD machine for the use of deaf or hard-of-hearing residents.

115.233 (d): The facility maintains documentation of resident participation in PREA training. In review of 20 county random resident files and 15 NJSP resident files, the facility is maintaining documentation of PREA training.

115.233 (e): Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in bulletin boards and in numerous other locations throughout the facility and in all resident rooms on the NJSP side, as observed during the site review of the facility. On the NJSP side, every Friday morning residents have a 45-minute PREA lecture exceeding in the requirements of this provision of the standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.234 (a): Based on GEO policy 5.1.2-A, page 14, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

115.234 (b): Agency facility trained investigators complete *Specialized Training: Investigating Sexual Abuse in Correctional Settings*. In review of the training curriculum, the training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. The agency has 111 trained investigators agency-wide. The PREA Compliance Manager and the NJSP Unit Manager are trained facility investigators at Delaney Hall. They have both completed *Specialized Training: Investigating Sexual Abuse in Correctional Settings* and complete the general annual refresher training provided to all staff.

115.234 (c): The facility maintains documentation that this specialized training, as well as general education provided to all employees, was completed. A certificate of completion for specialized training and a *PREA Basic Training Acknowledgement* form for general PREA training is maintained by the facility and was provided for review.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations. N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

115.235 (a): GEO policy 5.1.2-A, pages 13 & 14, section 2 , states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.235 (b): Forensic exams are not performed at Delaney Hall. Union and Essex County resident victims of sexual abuse are transported to the nearest institution and transported to an outside hospital for a forensic examination. NJSP residents are transported to the University/Rutgers Hospital for forensic examinations.

115.235 (c): Delaney Hall employs 42 medical staff. Since the onsite audit visit, all medical staff have now completed *PREA 201 for Medical and Mental Health Practitioners*, a three-hour online training course. Certificates of completion are being maintained by the facility.

115.235 (d): Medical staff not only complete specialized training, but also receive the same general PREA training that all staff complete. This was verified in the random review of medical staff records.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

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

Auditor Overall Compliance Determination

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

115.241 (a): Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2014-3, pages 2 & 3, section VI-B, all residents placed at Delaney Hall are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by a Program Counselor.

115.241 (b): Intake screening takes place within 24 hours of a resident's arrival to the facility. The facility exceeds in this provision of the standard as initial risk screenings are conducted within 24 hours of arrival to the facility exceeding the standard requirements of 72 hours.

115.241 (c): Risk assessments are conducted using an objective screening tool. The *PREA Risk Assessment* form (attachment B to policy 5.1.2-A), is used for this purpose. Program Counselors ask residents the questions on the screening form when conducting the screening. When interviewed, Program Counselors explained the process of conducting risk screenings.

115.241 (d): The *PREA Risk Assessment* form was reviewed and found to contain all of the requirements of this provision of the standard.

115.241 (e): The *PREA Risk Assessment* form was found to consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive.

115.241 (f): Within a set time period, not to exceed 30 days of the resident's arrival to the facility, residents are reassessed for their risk for victimization and abusiveness by their assigned Program Counselor using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38). Program Counselors interviewed explained the process for conducting reassessment screenings.

115.241 (g): A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

115.241 (h): Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

115.241 (i): When completed, the *PREA Risk Assessments* and *PREA Vulnerability Reassessment Questionnaires* are given to the PREA Compliance Managers to review and file and only the PREA Compliance Manager, the Facility Director and the Program Counselors have access to this information.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive.

GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy 2014-3, page 3, section 2, explains the use of PREA screening information. On interview with the PREA Compliance Manager and the Program Counselors, they explained how the facility utilizes screening information for this purpose.

115.242 (b): Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation using the *Delaney Hall Referral Verification* form. Residents have an option of refusing these services. Those identified to be at risk are tracked on an *At Risk Log*. In random review of resident files, those that screened at risk for victimization or abusiveness were offered referrals and were found to be tracked on the *At Risk Logs*. Residents screened to be at risk for victimization are housed in rooms closer to the unit office away from those that screen at risk for abusiveness.

115.242 (c): In making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being lesbian, gay, bisexual, transgender or intersex are tracked on an *LGBTI Facility Log*. At the time of the onsite visit, there was one NJSP resident who self-disclosed being transgender.

115.242 (d): A transgender or intersex resident's own views with respect to his or her safety will be given serious consideration.

115.242 (e): Transgender and intersex residents are offered the opportunity to shower separately from other residents.

115.242 (f): GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. When interviewed the NJSP resident who self-disclosed being transgender reported she was not placed in any special housing because of her sexual orientation.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.251 (a): GEO policy 5.1.2-A, pages 18 & 19, section L-1 and facility policy 2014-2, page 4, last paragraph outline the agency's options for resident reporting methods. The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed through the *PREA Education Manual for Residents* (page 10), provided to them at intake, and on the *Resident Reporting Options* posters posted in all resident rooms and in common areas throughout the facility, that they can inform a staff member or PREA Compliance Manager verbally or in writing. They are also informed that a third party can make a report for them. In interview with residents, they knew they could verbally report PREA allegations to any staff member or to the PREA Compliance Manager. They knew about third party reporting and where to access other PREA reporting information.

115.251 (b): The residents of Delaney Hall have access to reporting abuse or harassment to a public or private entity that is not part of the agency. Residents are informed through the *PREA Education Manual for Residents* (page 10), provided to them upon intake, and on the *Resident Reporting Options* posters posted in various locations throughout the facility, they can contact the New Jersey Coalition Against Sexual Assault by phone on a 24-hour state hotline or in writing can call the RAINN National Hotline Network. Essex County residents can call the Essex County DOC PREA Coordinator and Union County residents can call the Union County DOC PREA Coordinator.

115.251 (c): The agency policy mandates that staff are to accept reports made verbally, in writing, anonymously and from third parties and will promptly document any verbal reports. Random staff interviewed confirmed this mandate.

115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting was found on the GEO website (<https://www.geogroup.com/PREA>). *Third Party Reporting* posters and Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

The facility exceeds in the requirements of this standard. Residents have multiple options for reporting to a public or private entity that is not part of GEO.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

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

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

115.252 (f)

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

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

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

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

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

115.252 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 2014-5, pages 4 & 5, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on page 8 of the *PREA Education Manual for Residents*.

115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager, in the past 12 months there have been no grievances filed alleging sexual abuse.

115.252 (c): Based on GEO policy 5.1.2-A, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.

115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her

behalf, the agency shall document the resident's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there have been no grievances filed by a third party.

115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Acting Facility Director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances filed alleging sexual abuse.

115.252 (e): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

115.253 (a): GEO policy 5.1.2-A, pages 24 & 25, section N-8 and facility policy 2014-6, page 11, section H-6, addresses the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Delaney Hall enables reasonable communication between the residents and these agencies in a confidential manner.

Residents are given the telephone numbers to RAINN National Hotline Network where advocates are available 24 hours a day, seven days a week and to SAVE of Essex County. This information is provided to residents in the *PREA Education Manual for Residents* (page 10) and on the *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish.

115.253 (b): Residents are informed in the *PREA Education Manual for Residents* of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.253 (c): The facility is attempting to enter into an MOU with SAVE of Essex County. The terms of the MOU were recently discussed with the Executive Director of SAVE of Essex County.

When interviewed, residents were aware that there are agencies in the community that provide support to victims of sexual abuse and knew they could find information on posters.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.254 (a): Based on GEO policy 5.1.2-A, page 20, section N-3, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third party reporting is found on *Third Party Reporting* posters in areas visible to staff and visitors and is made available on the GEO website at [http://www.geogroup.com/PREA \(Social Responsibility-PREA Certification Section\)](http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)). Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting.

In interview with the PREA Compliance Manager, during the past 12 months there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

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

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

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

Auditor Overall Compliance Determination

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

115.261 (a): The agency's requirement on staff reporting duties can be found on page 20, section N-4 of GEO policy 5.1.2-A and on pages 5 & 6, section VII-B of facility policy 2014-6. Reporting duties for volunteers is on page 14, section G-2 and on page 15, section H-2 for contractors in GEO policy 5.1.2-A. Staff must take all allegations of sexual abuse and sexual harassment seriously.

All staff are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any 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. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the. Random staff interviewed knew their responsibility of reporting and to whom to report.

115.261 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone.

115.261 (c): Through the specialized training medical and mental health staff are required to complete, they know they are required to report sexual abuse and that they are to inform resident victims of sexual abuse of their duty to report and the limitations of confidentiality at the initiation of services.

115.261 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under state statute, GEO will report the allegation to the designated state or local services agency under applicable mandatory reporting laws. Delaney Hall houses adult male and female residents only, none of whom according to their classified level of care are considered vulnerable adults under then New Jersey State

Vulnerable Persons Statue; therefore, provision 115.261 (d) of this standard is not applicable to this facility.

Delaney Hall will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the referring agency. If an allegation involves staff, notification is made to GEO's OPR.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

115.262 (a): When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, pages 20 & 21, section M-1 and facility policy 2014-6, page 5, section VI, 2nd paragraph. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with staff, as well as documentation provided, there were no times during the past 12 months that it was necessary for the facility to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed knew what to do if they felt a resident was at risk of sexual abuse and whom to report to.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

115.263 (a): GEO policy 5.1.2-A, page 24, section 5 and facility policy 2014-6, page 9, section F were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee shall notify the head of the facility where the sexual abuse was alleged to have occurred.

115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.263 (c): The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

115.263 (d): The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In review of documentation provided on the Pre-Audit Questionnaire, in the past 12 months, there were no notifications received that a resident was sexually abused while housed at Delaney Hall.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

115.264 (a): GEO policy 5.1.2-A, pages 21-23, section M-2-4 and facility policy 2014-6, pages 6-8, section VII-C, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident.

115.264 (b): If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

All staff carry with them a Sexual Abuse First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. In information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were no allegations of sexual abuse reported that required implementation of first responder duties.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

115.265: GEO policy 5.1.2-A, page 6, section A-4 and review of the Delaney Hall *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is filed with the completed investigative packet. The Facility Director, PREA Compliance Manager and the Operations Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.266 (a): GEO policy 5.1.2-A, pages 5 & 6, section III-A-3 was used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation.

115.266 (b): In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" orders will be documented. Facility policy 2014-6, page 8, section 5-e, states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The facility has a Collective Bargaining Agreement with District 1199J, National Union of Hospital and Health Care Employees, A.F.S.C.M.E., AFL-CIO. This agreement was entered into with CEC 11/1/16 and remains in effect until 10/31/19. Article XIX, *Discharge and Penalties*, Page 36 of the agreement states the PREA-related actions that would constitute sexual misconduct.

In interview with the Executive Vice President Continuum of Care & Reentry (agency head designee) at an earlier date, he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 25 & 26, section N-2 and in facility policy 2014-6, pages 10 & 11, section H-7-11.

115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.267 (c): The PREA Compliance Manager is responsible for weekly monitoring of residents and monthly monitoring of staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations for retaliation for at least 90 days and longer if there is a continuing need. Items that are monitored are resident disciplinary reports, house or program changes, or negative performance reviews or reassignment of staff. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the investigative file.

115.267 (d): Monitoring of residents also includes periodic status checks.

115.267 (e): If any resident or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

115.267 (f): Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

On information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no incidents of retaliation that occurred. When interviewed, the PREA Compliance Manager stated that Union and Essex County residents who report allegations are returned to custody per the referring agency's protocols. He would be responsible for retaliation monitoring for New Jersey Parolees and staff only. He reported that there has been no retaliation monitoring required.

The Executive Vice President Continuum of Care & Reentry Services when interviewed stated that if a resident or staff expresses fear of retaliation, someone at the facility would meet with the resident or staff for any immediate concerns to assess what action to take to protect the resident or staff from retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

115.271 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Delaney Hall, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 4-6, section III-B.

When an allegation reported involves a NJSP resident, a trained facility investigator conducts an administrative investigation. When an allegation involves an Essex County or Union County resident, the victim and abuser are returned to custody and the Special Investigation Units of the respective county investigates the allegation. The supervisor receiving the report of an allegation of sexual abuse or sexual harassment immediately notifies the Facility Director and the PREA Compliance Manager who notifies the referring agency, the GEO PREA Coordinator and the Director, Quality Services Reentry Services. If the allegation involves a staff member, notification is made to GEO's OPR.

115.271 (b): Investigators from the Special Investigation Units of Essex and Union Counties and GEO trained investigators and investigators of the Newark Police Department have specialized training in investigating sexual abuse allegations.

115.271 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.271 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

115.271 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination.

115.271 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. It is the responsibility of the Newark Police Department to conduct criminal investigations.

115.271 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.271 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

115.271 (k): Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

115.271 (l): When the Essex and Union County Special Investigations Unit and the Newark Police Department investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the GEO PREA Coordinator at an earlier date, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

115.272 (a): Based on GEO policy 5.1.2,-E, page 6, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Facility investigators confirmed this during interview.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.273 (a): GEO policy 5.1.2-E, pages 10 & 11, section III-K, facility policy 2014-6, pages 11 & 12, section J were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible to present to the resident the *Notification of Outcome of Allegation*

form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.

115.273 (c): Following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (d): Following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e): All *Notification of Outcome of Allegation* or attempted notifications will be documented and filed in the corresponding investigative file.

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

In information provided on Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, the past 12 months there were no notifications required. Allegations investigated and completed involved Essex and Union county residents and they were returned to custody.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

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

Auditor Overall Compliance Determination

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

115.276 (a): Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L-1 and facility policy 2014-6, page 13, section M-1.

115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The *GEO Employee Handbook*, provided to all staff, page 18, explains the zero-tolerance policy for employees and the sanctions that would be imposed for violations of that policy.

On information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members who were disciplined for violating the agency sexual abuse or sexual harassment policy.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

115.277 (a): Based on review of GEO policy 5.1.2-A, page 15, section G-3, (volunteers) and pages 15 & 16 (contractors) any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

115.271 (b): In the case of a violation of GEO's sexual abuse and sexual harassment policy by a volunteer, the facility will take remedial measures and will consider whether the volunteer is prohibited further contact with residents.

Delaney Hall has 16 contractors and 16 volunteers. On information provided on the Pre-Audit Questionnaire, in the past 12 months, no contractors or volunteers have violated the agency/facility's sexual abuse or sexual harassment policies. If this were to occur, the volunteer or contractor would be denied access to the facility pending the outcome of an investigation.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

115.278 (a): According to facility policy 2014-6, pages 12 & 13, section M-2, the referring agency is the supervision agency over residents Delaney Hall. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the appropriate referring agency, who will determine whether to subject the resident to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for in the *Resident Handbook*. Pages 34 and 35 of the handbook explains the sanctions and disciplinary action that will be taken.

115.278 (b): Sanctions will commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c): Based on GEO policy 5.1.2-E, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

115.278 (e): Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

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

115.278 (g): The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse and sexual harassment policies.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

115.282 (a): Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 24, section 7 and facility policy 2014-6, page 7, section 5-h. Medical and mental health providers according to their professional judgement determine the nature and scope of these services.

115.282 (b): Security staff first responders take preliminary steps to protect a victim of sexual abuse. NJSP resident victims of sexual abuse are transported to the University/Rutgers Hospital for forensic examinations and Essex and Union county victims of sexual abuse will be seen in their respective infirmaries and transported to a local hospital for a forensic exam. Security and non-security staff interviewed knew their responsibilities in first responder duties.

115.282 (c): Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.282 (d): All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In information provided on the Pre-Audit Questionnaire, the past 12 months there have been no sexual abuse cases requiring emergency medical or mental health services.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

115.283 (a): The facility offers ongoing medical and mental health care to all the residents of Delaney Hall who have been victimized by sexual abuse.

115.283 (b): According to GEO policy 5.1.2-A, pages 25, section N-1 and facility policy 2014-6, page 8, section 5-h, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

115.283 (c): Ongoing medical services are provided at the University/Rutgers Hospital and mental health services are provided onsite by the Psychiatrist.

115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.283 (e): If pregnancy results, the victim will receive timely and comprehensive information and timely access to all lawful pregnancy-related medical services.

115.283 (f): Resident victims will be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the University/Rutgers Hospital for emergency and ongoing medical services.

115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Counseling

support, individual and group therapy for victims and abusers are offered. All refusals for medical and mental health services shall be documented.

In information provided on the Pre-Audit Questionnaire, the past 12 months there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

115.286 (a): According to GEO policy 5.1.2-A, pages 26 & 27, section N-3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse at the conclusion of every sexual abuse investigation of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

115.286 (b): The review will occur within 30 days of the conclusion of the investigation.

115.286 (c): The Assistant Facility Director of Security, the PREA Compliance Managers and the HSA make up the facility's Incident Review Team and the Facility Director will join the team when the position is filled. The PREA Coordinator may attend via telephone or in person.

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

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

115.286 (e): The facility will implement the recommendations for improvement, or documents its reasons for not doing so.

In interview with the PREA Compliance Manager and review of investigative files, in the past 12 months, there were two sexual abuse incident reviews completed and they were filed in the

corresponding investigative files. When interviewed, the members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.287 (a): Information on data collection is found on page 27, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

115.287 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

115.288 (a): Based on GEO policy 5.1.2-A, pages 27 & 28, sections O-2 & 3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator stated that a database program is used at the corporate level and monitored by a Data Specialist.

115.288 (b): The PREA Coordinator reviews the data collected to identify problem areas, take corrective action on an ongoing basis and prepare an annual report of the findings and corrective actions for each facility and the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care for her signature and approval. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>.

115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

115.289 (a): GEO ensures that the data collected pursuant to standard 115.287 is securely retained. In interview with the PREA Coordinator, the data that is retained in the database program has restricted access. The PREA Compliance Manager and facility investigators have access to their facility's information only.

115.289 (b): GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com/PREA>.

115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

115.289 (d): According to GEO policy 5.1.2-A, page 28, section O-3, GEO ensures that the data collected is securely retained for at least 10 years or longer if required by the New Jersey state statute.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.401 (a): Based on GEO policy 5.1.2-A, page 28, section P, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice.

115.401 (b): According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

The first audit of this facility was conducted August 10-11, 2015, by a DOJ Certified PREA Auditor, when the facility was owned and operated by the Community Education Center. This audit is the first PREA audit of Delaney Hall under the management of GEO. In compliance with the agency policy and the PREA National Standards, this audit was conducted by me, a DOJ Certified PREA Auditor.

115.401 (h): During the audit, I was allowed access and I was able to observe all areas of Delaney Hall.

115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.

115.401 (n): Residents were notified six weeks before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence that would be handled as legal mail and were provided my name and mailing address. I received one letter from a NJSP resident. I met with him to discuss his concerns.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

115.403 (f): In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

In thorough review of GEO's policies, as well as facility policies and procedures were found to comply with relevant PREA standards.

For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 12 for a summary of my audit findings for each of the PREA standards.

This report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable resident or employee information, but I can provide such information to GEO or the Department of Justice upon request.

Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/PREA>) to be available to the public.

AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison

August 1, 2018

Auditor Signature

Date