

PREA AUDIT REPORT **Interim** **Final**
Community Confinement Facilities

Date of Report: June 11, 2016

Auditor Information		
Auditor name:	Barbara Jo Denison	
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Date of facility visit:	June 7-8, 2016	
Date report submitted:	June 11, 2016	
Facility Information		
Facility Name:	Newark Residential Reentry Service Center	
Facility Address:	224 Sussex Ave., Newark, NJ 07103	
Facility mailing address: <i>(if different from above)</i>	N/A	
Telephone number:		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:	<input checked="" type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Community-Based Confinement Facility
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Paul Lagana, Facility Director		
Number of staff assigned to the facility in the last 12 months: 48		
Current population of facility: 162		
Designed facility capacity: 240		
Facility security levels/inmate custody levels: Minimum		
Age range of the population: 21-67		
Name of PREA Compliance Manager: Chris Nardozzi	Title:	Assistant Facility Director-Programs
Email address: cnardozzi@geogroup.com	Telephone number:	973-681-6006
Agency Information		
Name of agency:	The GEO Group Inc.	
Governing authority or parent agency: <i>(if applicable)</i>	N/A	
Physical address:	One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487	
Mailing address: <i>(if different from above)</i>	N/A	
Telephone number:	561-999-5827	
Agency Chief Executive Officer		

George C. Zoley	Title:	Chairman of the Board, CEO and Founder
Email address: gzoley@geogroup.com	Telephone number:	561-893-0101
Agency-Wide PREA Coordinator		
Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Newark Residential Reentry Service Center (NRRSC) was conducted on June 7-8, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the Assistant Facility Director-Programs/PREA Compliance Manager. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices.

On the first day of the audit, an entrance meeting was held with Paul Lagana, Facility Director, Chris Nardozi, Assistant Director-Programs/PREA Compliance Manager and Robert Walling, Manager, Contract Compliance PREA, in attendance. At the conclusion of the meeting, those in attendance at the entrance meeting accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, the physical layout including shower/toilet areas and placement of PREA posters and information was observed. The facility is undergoing a major renovation project with work being done on every floor of the building. Showers on the East side of the floors 3 and 4 are closed and being remodeled. Floors 3 and 4 have a total of 9 showers and 10 toilets. Toilets are individual stalls with solid partial doors. Showers are individual showers with plastic curtains for privacy. Renovations of the restrooms on floor 2 will make those restrooms ADA compliant. Renovations include the addition of two handicapped showers, bringing the total number of showers to 11 on floor 2, with the total number of toilets remaining at 10.

PREA information in both English and Spanish is posted on each floor. Posted by the inmate pay phones on each floor is a *Resident Outside Reporting Resources*. The number for S.A.V.E. of Essex County, an agency that the facility has an Memorandum of Understanding with, was observed to be missing on the *Resident Outside Reporting Resources* poster. It was suggested that this information be added to the poster to be accessible to residents as an agency that provides advocacy services, 24-hour hotline reporting and counseling services. Posters were revised and reposted in each of the housing units on the second day of the on-site audit.

The Executive Director of S.A.V.E of Essex County was contacted prior to the audit to discuss the Memorandum of Understanding (MOU) that the facility has with the agency. During the on-site visit, the National Sexual Assault Hotline, the New Jersey Coalition Against Sexual Assault and the Domestic Abuse and Sexual Assault Intervention Services, all resident reporting options, were contacted to ensure that these numbers were accessible to residents. Calls to the National Sexual Assault Hotline and to the New Jersey Coalition Against Sexual Assault are both routed to the Hudson County Rape and Crisis Center. Calls to the Domestic Abuse and Sexual Assault Intervention Service are answered in Sussex County. Calls to the Domestic Abuse and Sexual Assault Intervention Services from residents of Newark

Residential Reentry Service Center would be referred to Essex County, but residents would be able to talk to Sexual Abuse Counselors at this location. All of these reporting options would provide confidential and anonymous reporting by residents.

During the course of the tour and on-site visit, I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. A total of 20 residents, 10 from each on floors 3 and 4, were formally interviewed during the course of the audit. Of the 20 interviewed, there was one self-disclosed gay resident, one resident with cognitive disabilities and one Spanish-speaking resident that were incorporated into the random selection of residents. The only Spanish-speaking resident was interviewed with the assistance of a staff interpreter. All of the residents interviewed acknowledged receiving PREA training with written information during the intake process. Twelve of the residents when interviewed reported that they did not see the *PREA What You Need to Know* video, although in review of their training records, they had signed an acknowledgement form acknowledging receiving PREA education, including viewing the video. It was recommended that the facility show the video to all residents again and have them sign a roster acknowledging viewing the video. The facility was very responsive to this recommendation and in the evening of the first day of the audit all residents, with the exception of those that were out to work when the video was shown, viewed the *PREA What You Need to Know* video and signed a housing roster acknowledging viewing the video. Those residents that were out to work when the video was shown, were shown the video by the Facility Director early in the morning on the second day of the audit and acknowledged viewing the video by their signature on the housing roster. Again, the facility was very responsive and wasted no time in completing this recommendation.

Residents interviewed were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Residents consistently indicated that they feel safe at this facility. There were no self-disclosed transgender, intersex or bisexual residents housed at the facility during the on-site audit, and there were not any residents that were blind, had low vision, deaf or hard of hearing.

A total of 19 staff members were interviewed during the course of the audit. Of the 19 staff members interviewed, 12 were security staff, four from each shift, and the remaining 7 were specialized staff. The Assistant Facility Director-Programs/PREA Compliance Manager is the facility investigator, he is on the Incident Review Team and is responsible for intake screenings and retaliation monitoring and was asked the questions that related to the responsibilities of each of those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing, responding and reporting allegations of sexual abuse and sexual harassment.

The Assistant Facility Director-Programs/PREA Compliance Manager is the trained facility investigator. Criminal investigations are the responsibility of the Newark Police Department with referrals for prosecution made to the Essex County Prosecutor's Office. In the 12 months preceding the audit, the facility received two allegations of staff-on-resident sexual abuse, both determined to be unfounded. Investigative files were reviewed and found to be administratively investigated and documented per agency policy.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Paul Lagana, Facility Director, Chris Nardozi, Assistant Facility Director-Programs/PREA Compliance Manager, Robert Walling, Manager, Contract Compliance PREA in attendance, and Phebia Moreland, Director, Contract Compliance PREA Coordinator in attendance via telephone. During the exit meeting, the facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the report on their website. The team was complimented on their cooperation prior to the audit

and their responsiveness during the on-site visit and their willingness to achieve PREA compliance as a team.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Newark Residential Reentry Service Center (NRRSC), opened in October 2014 and provides services to medium and high-risk male offenders who are returning to the community. The Newark Residential Reentry Service Center is a GEO Reentry Services, Inc. facility that provides a secure residential setting and serves populations assigned to the facility in two separate and distinct program tracks – Stages to Enhance Parolee Supervision (STEPS) and the Reentry Substance Abuse Program (RESAP). The facility receives referrals for the New Jersey State Parole Board and the New Jersey Administrative Office of the Court Intensive Supervision Program.

The facility is one building with five floors. Security Monitors are posted on each floor to provide direct supervision at all times. The first floor has a Control Station in the front entry of the building and administrative offices, a visitation/multipurpose room and an area where meals are served. Floors 2 – 5 each have residents' rooms, a laundry room, a day room, restrooms, a parole office, meeting space and fitness room. Staff offices, programming space and the library/individual learning center are on Floor 2, as well as resident rooms. Floor 5 houses a transient population and is used as a parole shelter. There are 24 resident rooms on Floor 5 and residents are allowed to stay up to 30 days. On the first day of the audit, there were five residents housed on Floor 2. A recreation area is located on the left side in back of the building facing the parking lot that is enclosed with a wire fence and razor wire on top. The area has chin up bars, benches, tables for playing chess and checkers and a picnic table.

The facility has 72 cameras with the capability for retaining data for up to 30 days. Camera monitors are located in the Control Station and the Facility Director and the Assistant Facility Director-Security have access to monitors on their computers.

The design capacity of the facility is 240. On the first day of the audit the population was 162. The age range of residents was 21-67 with an average length of stay being 90 days. At the time of the audit, 87 residents were employed in the community.

The facility has two nurses contracted from Medical Staffing who are each on site four hours a day, Monday-Saturday. Medical staff do not perform forensic exams. Residents in need of SANE exams, are referred to the University Hospital. Residents in need of mental health services are referred to the Rutgers Behavioral Health Center.

Food services are contracted from Salsa Catering, Bronx, NY. Meals are delivered to the facility and residents assist in the serving of the meals. Breakfast and lunch are cold meals and dinner is a hot meal.

Staff at the Newark Residential Reentry Service Center focus on identifying and removing barriers to offender treatment. GEO's evidence based programming directly addresses the needs of referred offenders. Through the use of flexible and progressive program phases, the facility provides an appropriate blend of case management, supervision services, and cognitive-behavioral treatment. Offenders progress through the phases of their programming by gradually mastering the pro-social skills they need to maintain a crime-free life in the community. GEO staff members track and document offender progress and milestones.

Upon intake, residents undergo a series of assessments. These assessments help staff to develop individualized treatment plans to target specific risks and needs. The Intensive Employment Program (IEP) and work release track is a 28-day progressive program designed to prepare residents to return to their communities with the skills necessary to secure and sustain employment. Other services include life skills groups, gang interventions, parenting groups, and support groups. Residents of the RESAP program are

housed together in a modified therapeutic community. The community is used to heal, teach, and train individuals in how to behave, think, perceive and experience themselves. RESAP program residents complete the Cognitive Behavioral Interventions for Substance Abuse (CBISA) curriculum, a 38-session program designed for offenders who are moderate to high need in the area of substance abuse. The CBISA curriculum includes interventions that focus on a cognitive behavioral approach to teach participants strategies to avoid substance abuse.

Newark Residential Reentry Service Center's mission statement is: "It is the mission of the GEO Group Newark Residential Reentry Service Center to provide transitional services in a supervised environment to offenders who are either coming out of prison or who have violated their parole while in the community. Our goal is to assist each offender in obtaining employment or schooling; to help them establish and reestablish family relationships; and to give them the skills through our programming that will instill them with a positive purpose and desire to reinvest in themselves and their community".

GEO's mission statement is: "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 to GEO's care".

SUMMARY OF AUDIT FINDINGS: (39)

The following is a summary of the audit findings:

Number of standards exceeded:	5
Number of standards met:	32
Number of standards not met:	0
Number of standards not applicable:	2

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

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

Auditor comments, including corrective actions needed if does not meet standard

GEO policy 5.1.2-A and the Newark Residential Reentry Services Center's 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. Both policies, upon review, were found to be very detailed and comprehensive as applied to each standard.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 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 also employs a Director, Fidelity & Quality Assurance who provides oversight to the agency's reentry facilities. Upon interview, the PREA Coordinator, at an earlier date, and the - Assistant Facility Director-Programs/PREA Compliance Manager, both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

Standard §115.212 Contracting with other agencies for confinement of residents

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

GEO is a private provider and does not contract with other agencies for the confinement of residents. Based on documentation provided as well as interview of the agency's PREA Coordinator, this standard is not applicable.

Standard §115.213 Supervision and monitoring

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

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2014-1, pages 3 & 4, 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 the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The staffing plan is designed to provide a minimum security staff-to-resident ratio of 1:50 at any given time, however per contract with the New Jersey State Parole Board, this is reduced to a ratio of 1:25 during the third shift. The facility's design capacity is 240 residents. In this audit period the average population was 185 residents.

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. The Facility Director and Parole review the staffing schedules weekly. In review of documentation provided by the facility and upon interview with the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager, in this audit period there were no times that there were deviations to the staffing plan.

The staffing plan is reviewed annually by the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager, and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Regional Director, the Divisional Vice President 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. The 2014 *PREA Annual Facility Assessment* was completed on 10/16/14 and it was noted that due to the population increase, the facility was in the process of hiring additional staff. The facility opened on 10/2/14 and when the first *PREA Annual Facility Assessment* was completed on 10/16/14, residents were being assigned to the facility with additional staff hired until reaching the number of staff required per contract. The most recent *PREA Annual Facility Assessment* was completed on 9/29/15 with no recommendations made for changes to the established staffing plan.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Shift Supervisors conduct rounds during their shift and these rounds are documented in the housing log books. Management staff are required to complete, at a minimum, unannounced PREA rounds once a shift each month. These rounds are documented on the *Unannounced PREA Rounds* form. Employees are prohibited from alerting resident or other employees that these supervisory rounds are occurring. For increased supervision and monitoring efforts, the agency has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. These verifications are completed by the Assistant Facility Director-Security and are documented on *Resident Count Verification Checklist*.

Documentation provided for review, review of housing log books and in interview with staff and residents, the practice of rounds by facility management staff and supervisory staff confirmed numerous rounds being conducted on all three shifts. The facility was found to exceed in all elements of this standard.

Standard §115.215 Limits to cross gender viewing and searches

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

Based on review of GEO policy 5.1.2-A, pages 15 & 16, section I, and facility policy 2014-4, pages 2 & 3, sections on *Offender/Resident "Pat" Searches*, *Offender/Resident "Strip" Searches*, *"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. Facility policy requires that all cross-gender strip searches and body cavity searches be documented. Male staff members pat search residents with another staff member present in view of a camera. Searches are documented with the reason for the search, the result of the search and the signatures of the staff members conducting and witnessing the search.

Resident strip searches and body cavity searches are prohibited at the Newark Residential Reentry Service Center.

In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's *Guidance in Cross Gender and Transgender Pat Searches* curriculum was provided for review. Staff sign a *Cross Gender Pat Searches and Searches of Transgender and Intersex* acknowledgement form upon completion of this training. Receipt of this training was verified through interviews with Security Monitors and review of random staff training records.

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 female staff to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when female staff are in their housing unit.

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. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the past 12 months, there was one transgender resident housed at the facility and no intersex residents housed at this facility.

Standard §115.216 Residents with disabilities and limited English speaking

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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, page 10, section E and facility policy 2014-4, pages 1 & 2, section V, were used to verify compliance to this standard. The facility provides all written materials to residents in both English and Spanish. Residents receive a *PREA Education Manual for Residents* during the intake process which is available to them in English and Spanish and in large print in both languages for residents with low vision. PREA posters a *PREA What You Need to Know* video is provided in both English and Spanish. A contract with Language Line Solutions provides for the translation of any other language. A TTY is available for residents who are deaf or hard of

hearing. At the time of the audit, there was one Spanish speaking resident. When interviewed with the assistance of a staff interpreter, he reported receiving all PREA written information in Spanish and viewing the *PREA What You Need to Know* video in Spanish.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for these purpose.

Standard §115.217 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 15, section H-4 and facility policy 2014-1 page 4, section 2, interview with the Office Support Specialist and random review of personnel 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. 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.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. In the past 12 months, 10 new staff received criminal background checks. In interview with the Office Support Specialist, all criminal background checks are performed through Accurate Background, Inc. and through the New Jersey State Parole Board, exceeding in the requirement of criminal background checks. Annual motor vehicle checks are completed for staff that require them to have a valid driver's license as a condition of their employment.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Accurate Background, Inc. is completed including PREA Verification. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. Page 15, section H-4 of agency policy 5.1.2-A, outlines the requirements of hiring contractors. The facility has two contracted nurses and 12 contracted Security Monitors. The nurses are contracted through Medical Staffing and the process of background checks is the same as it is for all employees. The contracted Security Monitors are contracted through Sharper Image and background checks are completed by Kentech Consulting and by the New Jersey State Parole Board.

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. Unless prohibited by law, GEO 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.

The facility was found to exceed in this standard. The Office Support Specialist is doing an excellent job in ensuring that all policy requirements are fulfilled as they relate to this standard. In review of employee files, which included new hires and promotions in the past 12 months and the only staff employed by GEO for five years or longer, in addition to contractor files, the files were complete and maintained in a consistent format.

Standard §115.218 Upgrades to facilities and technology

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

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 0504-1, page 4, section 3, and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, GEO considers the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse and/or harm. The facility has not acquired any new facilities, but they are in the process of making substantial modifications to the existing facility with the current renovation project.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, GEO will consider how such technology may enhance the ability to protect residents from sexual abuse. Since opening in October 2014, the facility has added some cameras and there will be an additional 8-10 cameras upon the completion of the remodeling project bringing the total number of cameras to 72. When interviewed, the Facility Director discussed the ongoing renovation project and how the design and the additional cameras considered the protection of the residents from sexual abuse. He also shared that the facility saw a need for the installation of mini dome mirrors in all housing dorms and added one in the back corner of each resident room. In addition, two domed mirrors were added on floor 5.

Standard §115.221 Evidence protocol and forensic medical exams

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

GEO policy 5.1.2-E, pages 6-9, sections D-I outlines the agency's requirements as it applies to this standard. The Newark Residential Reentry Service Center is responsible for administrative investigations of all allegations of sexual abuse and sexual harassment. It is the responsibility of the Newark Police Department to conduct all criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). If prosecution is warranted, a referral is made to the Essex County Prosecutor's Office. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The Newark Police Department works in partnership with the Essex County Prosecutor's Office which has a designated Sexual Abuse Response Team (SART). This team consists of specially trained police officers, nurse and/or physician examiners and victim advocates.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. The Department of Corrections/New Jersey State Parole Board has a Memorandum of Understanding (MOU) with the University Hospital located in Newark, NJ where a SANE examination would be performed at no cost to the resident. Transportation to the University Hospital would be arranged for the victim by the facility. The SANE SART Coordinator was contacted prior to the on-site audit date. New Jersey became one of the first states to develop a comprehensive statewide program to address the needs of sexual assault victims by developing a Sexual Assault Response Team (SART) program. In the past 12 months, there have been no residents who have required SANE exams.

The facility entered into a Memorandum of Understanding (MOU) with the Family Services League of Essex County, S.A.V.E. Program on 2/2/16. The terms of the MOU provide 24-hour hotline assistance, victim advocacy support services at the hospital, court advocacy services and referrals for SANE examinations. The Executive Director of the S.A.V.E. of Essex County was contacted prior to the on-site audit. She reviewed the terms of the MOU and the process for providing a victim advocate to resident victims of sexual abuse. When a resident is transported to University Hospital for a SANE exam, S.A.V.E. of Essex County would be contacted and a victim advocate would meet the resident at University Hospital to be present for the SANE exam.

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Standard §115.222 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2014-6, page 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.

Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director or the Assistant Facility Director-Programs/PREA Compliance Manager is required to make immediate notification to the New Jersey State Parole Board Supervisor, the GEO PREA Coordinator and the Director, Fidelity & Quality Assurance and GEO Office of Professional Responsibility (OPR) if the allegation involved staff. The facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Newark Police Department who conduct a criminal investigation. A referral is made to the Essex County Prosecutor's Office for prosecution if warranted.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. 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 (http://www.geogroup.com/reporting_sexual_abuse-prea). In the past 12 months, there were two allegations of staff-on-resident sexual abuse that were administratively investigated by the facility investigator and determined to be unfounded. There were no allegations referred for criminal investigation.

Standard §115.231 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO employees receive training on GEO's zero-tolerance policy (5.1.2) 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 11 & 12, section F-1. Between trainings the facility has monthly staff meetings where PREA is reviewed and discussed. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard. Employees sign a *PREA Basic Acknowledgement* form that they have received and understood the training they received. Staff also receive the *Guidance in Cross-Gender and Transgender Pat Searches* training and sign an acknowledgement form upon completion of this training. The Assistant Facility Director-Programs/PREA Compliance Manager is responsible for general PREA staff training and the Assistant Facility Director-Security is responsible for training on *Guidance on Cross Gender and Transgender Pat Searches*.

In the past 12 months, all Newark Residential Reentry Service Center's employees have received this training as verified by review of random employee training files that showed 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 and responding to allegations of sexual abuse and sexual harassment. The facility exceeds in this standard as was evident by documentation provided, review of staff training records and the overall knowledge of staff in response to interview questions.

Standard §115.232 Volunteer and contractors training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy page 13, section G addresses the requirements of annual volunteer PREA training and page 14, section H, addresses the requirements of annual contractor PREA training. The training curriculum for volunteers and contractors is the same in-service PREA training that all employees receive. The objectives of the training ensure that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The facility does not have volunteers. The facility has two contracted nurses and 12 contracted Security Monitors. Contractors sign a *PREA Basic*

Acknowledgement form and this acknowledgment form is maintained by the facility as verified by review of the contractor training records.

When interviewed, the nurse verified receiving PREA training and were knowledgeable of the agency/facility's zero-tolerance policies.

Standard §115.233 Resident education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 11, section E-2 and facility policy 2014-2, page 4, 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. Resident education is provided by the Assistant Facility Director-Programs/PREA Compliance Manager within 24 hours of arrival to the facility in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. In the past 12 months, 750 residents admitted to the facility and 96 residents transferred from other community confinement facilities received PREA education.

Residents view a *PREA What You Need to Know* video which is presented in both English and Spanish and receive a *PREA Education Manual for Resident*. Spanish speaking residents are given PREA information by Spanish speaking staff, receive the Spanish *Education Manual for Residents* and view the Spanish version of the *PREA What You Need to Know* video. Language Line Solutions is used for the translation of any other languages.

Residents acknowledge by their signature on an *Acknowledgement of Receipt of PREA Educational Manual* form that they have received and understood the PREA education presented to them. They also sign another acknowledgement form acknowledging viewing the *PREA What You Need to Know* video, receiving training on the zero-tolerance policy, their right to report and their right to free medical and mental health care. This documentation is maintained in the resident files as was verified in random review of random resident files. Ongoing information is provided on posters, both in English and Spanish, prominently displayed in various locations throughout the facility.

Twelve residents when interviewed reported that they did not see the *PREA What You Need to Know* video, although in review of their training records, they had signed an acknowledgement form acknowledging receiving PREA education, including viewing the video. It was recommended that the facility show the video to all residents again and have them sign a roster acknowledging viewing the video. The facility was very responsive to this recommendation and in the evening of the first day of the audit all residents, with the exception of those that were out to work, were shown the *PREA What You Need to Know* video and signed a housing roster acknowledging viewing the video. Those residents that were out to work when the video was shown, were shown the video by the Facility Director very early in the morning on the second day of the audit and they acknowledged viewing the video by signing a housing roster. Although residents reported that they did not see the PREA video, they shared that they had seen the video at other institutions and were knowledgeable of the zero-tolerance policies and the methods available to them to report allegations of sexual abuse and sexual harassment.

The one Spanish-speaking resident interviewed reported receiving all PREA-related information in Spanish and viewing the Spanish *PREA What You Need to Know* video.

Standard §115.234 Specialized training: Investigators

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 13, section F-3, in addition to general training provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garret 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 85 trained investigators. The Assistant Facility Director-Programs/PREA Compliance Manager is the trained investigator at the Newark Residential Reentry Service Center and he received the *PREA Specialized Investigation Training* on 9/30/14. Upon completion of this training, investigators sign a *PREA Basic Acknowledgement* form and receive a certificate of completion. In review of the Assistant Facility Director-Programs/PREA Compliance Manager's training file, documentation of this training is being maintained by the facility.

In interview of the Assistant Facility Director-Programs/PREA Compliance Manager, he acknowledged receipt of this specialized training and knew his responsibilities in conducting sexual abuse investigations.

Standard §115.235 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 12 & 13, section and interview of contracted facility nurses were used to verify compliance to this standard. In addition to general PREA training received by all staff, contractors and volunteers, medical and mental health practitioners receive specialized training.

The facility has two contracted nurses. They received the *GEO Specialized Medical and Mental Health PREA Training* and signed a *PREA Basic Training Acknowledgement* form upon completion of this training. This training curriculum was reviewed and found to include information on detecting signs of sexual abuse and sexual harassment, preserving the physical evidence of sexual abuse, responding professionally to victims of sexual abuse and sexual harassment and proper reporting of allegation or suspicions of sexual abuse and sexual harassment. The nurses also completed *PREA: Medical Health Care for Sexual Assault Victims in Confinement Settings* presented by the National Institute of Corrections (NIC) and received certificates of completion of this training. One nurse who was interviewed verified receiving specialized training and knew her responsibilities in responding to victims of sexual abuse.

Nurses do not perform forensic exams. SANE exams are conducted at the University Hospital in Newark, NJ.

The facility does not have mental health staff. Referrals for mental health services are made off-site to Rutgers Behavioral Health Center.

Standard §115.241 Screening for risk of victimization and abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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-1, all offenders placed at the Newark Residential Reentry Service Center are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility by the Assistant Facility Director/PREA Compliance Manager. The *PREA Risk Assessment* form is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. 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.

Within a set time period, not to exceed 30 days of the resident's arrival to the facility, residents are reassessed by their Case Manager using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. 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. *PREA Risk Assessment* forms and *PREA Vulnerability Reassessment Questionnaire forms* are filed in the Assistant Facility Director-Programs/PREA Compliance Manager's office. To maintain confidentiality, only the Facility Director, the Assistant Facility Director-Programs/PREA Compliance Manager, Assistant Facility Director-Security and Case Managers have access to this information.

In interview with Assistant Facility Director-Programs/PREA Compliance Manager, responsible for initial risk screenings and two Case Managers, responsible for 30-Day Reassessment screenings, and in review of random residents' records, this process is in place and being followed.

Standard §115.242 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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. Individualized determinations are made about how to ensure the safety of each resident. GEO policy 5.1.2-A, page 10, section D-3 and facility policy 2014-3, page 3, section 2, explains the use of PREA

screening information. On interview with the Facility Director, he explained how the facility utilizes screening information from the *PREA Risk Assessment* form for this purpose.

Residents who score at risk of victimization or abusiveness are referred for further evaluation using the *Newark Residential Reentry Service Center Resident Referral Verification* form. Those identified to be at risk are tracked on the *Newark Residential Reentry Service Center At Risk* log.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely on the basis of such identification. On interview with one resident who self-disclosed being gay he reported that he was not placed in any housing area because of his sexual orientation.

Standard §115.251 Resident reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 17, section K-1 outline the agency's options for resident reporting methods. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Residents are made aware of methods of reporting available to them through the *PREA Resident Education* Manual provided to them at intake and continuously through posters displayed throughout the facility. Residents are made aware that they can inform a staff member immediately, contact the Assistant Facility Director-Programs/PREA Compliance Manager, put their allegation in writing to the PREA Coordinator, or by calling the National Hotline Network toll-free at 1-800-656-4673, the New Jersey Coalition Against Sexual Assault at 800-601-7200, or, S.A.V.E. of Essex County at 877-733-2273 or the Domestic Abuse and Sexual Assault Intervention Services at 973-875-1211. Calling these numbers allows the resident to remain anonymous upon request. Residents can also file a grievance and facility policy 2014-5, pages 4 & 5 addresses sexual abuse grievances and emergency grievance procedures.

Staff must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. Information for resident and staff reporting can be found on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea).

The facility was found to exceed in this standard. They have access to four outside reporting agencies which allows them to report allegations of sexual abuse and sexual harassment outside of the facility.

Standard §115.252 exhaustion of administrative remedies
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

In review of GEO policy 5.1.2-A, pages 17 & 18, 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 on page 8 of the *PREA Resident Education Manual*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is 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. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. 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.

The Assistant Facility Director-Programs/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, there have been no PREA-related grievances received.

Standard §115.253 Resident access to outside confidential support services

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 23, section N-8 and facility policy 0803-1, page 11, section J-2,4 & 6, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers to the National Sexual Assault Hotline (1-800-656-4673), the New Jersey Coalition Against Sexual Assault (800-601-7200), S.A.V.E. of Essex County (877-733-2273) and Domestic Abuse and Sexual Assault Intervention Services (973-875-1211). This information is provided to residents in the *PREA Education Manual for Residents* and on posters displayed throughout the facility. Residents are informed 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.

When interviewed, residents were aware of the outside confidential support services available to them and how to access them. The facility was found to exceed in this standard as they provide the residents with four options for resident to access outside victim advocates for emotional support services related to sexual abuse.

Standard §115.254 Third party reporting
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 18, section 3, the agency has 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 facility postings and is made available on the GEO website at http://www.geogroup.com/reporting_sexual_abuse_prea. 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. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

Standard §115.261 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency/facility policy on staff reporting duties can be found pages 18 & 19, section 4 of 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 to the Assistant Facility Director-Programs/PREA Compliance Manager 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 Facility Director. For an allegation of sexual abuse, the Facility Director will make notification to the Newark Police Department, the PREA Coordinator, the Director, Fidelity & Assurance and the New Jersey State Parole Board. If the allegation involves staff, notification is made to GEO OPR.

GEO policy pages 13 & 14, section G-2 outlines the responsibilities of reporting of volunteers and page 14, H-2 the responsibilities of contractors to report. The facility does not have volunteers. Interview with staff and two contracted nurses, revealed that they are very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

In reference to element 115.261 (c) of this standard, the facility does not have mental health personnel on staff.

The Newark Residential Reentry Service Center houses adult male residents only, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statue.

Standard §115.262 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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. GEO policy 5.1.2-A, page 19, section L-1 and facility policy 2014-6, section V-1, outline the agency's procedures related to the agency's efforts to protect residents at risk of sexual abuse or sexual harassment. In interview with the Facility Director and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

Standard §115.263 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 5 and facility policy 2014-6, pages 9 & 10, 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 allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Assistant Facility Director-Programs/PREA Compliance Manager. In interview with the Facility Director and in review of documentation provided, in the past 12 months, four residents alleged that sexual abuse had occurred while they were confined to another facility. In all cases, notification was made to the facility where the sexual abuse was alleged to have occurred as required and this documentation was provided for review.

If a report is received from another facility regarding alleged sexual abuse occurring at the Newark Residential Reentry Service Center, the allegation will be reported and investigated according to PREA standards. In interview with the Facility Director, he reported that in the past 12 months, there were no allegations of sexual abuse received from other facilities.

Standard §115.264 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 19-22, section L-2-4 and facility policy 2014-6, pages 6 & 7, section C-1, outlines the procedure 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. 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 First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse or sexual harassment.

Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In the past 12 months, there have been no PREA incidents which required implementing first responder duties.

Standard §115.265 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 5 & 6, section III-A-4 and review of the Newark Residential Reentry Service Center's *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. 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 and proper notifications are made. This checklist is filed with the completed investigative packet. 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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 4, section III-A-2 was used to verify compliance to this standard. 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. 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 Newark Residential Reentry Service Center does not have a collective bargaining unit. 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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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 5.1.1-A, page 24, section 2 and in facility policy 2014-6, pages 10 & 11, section H. 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.

The Assistant Facility Director-Programs/PREA Compliance Manager is responsible for weekly monitoring for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the investigative file as was evident in review of investigative files.

In the past 12 months, there were no retaliation monitoring required. In both allegations received, one alleged victim was discharged before the conclusion of the investigation and one alleged victim was transferred before the conclusion of the investigation. When interviewed, the Assistant Facility Director-Programs/PREA Compliance Manager knew his responsibilities for monitoring for retaliation per policy. He stated he would meet with the alleged victim immediately following the allegation and weekly for up to 90 days or longer if necessary.

Standard §115.271 Criminal and administrative agency investigation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Newark Residential Reentry Service Center, including third party and anonymous reports. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B. The supervisor receiving the report immediately notifies the Facility Director who notifies the PREA Coordinator and the Director, Fidelity & Assurance. If the allegation involves staff, notification is made to GEO OPR.

The Assistant Facility Director-Programs/PREA Compliance Manager is a trained facility investigator and he is responsible for administrative investigations. 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.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Newark Police Department who conducts criminal investigations and prosecution by the Essex County Prosecutor's office if warranted pursuant to the requirements of this standard. A

Serious Incident Report is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Incident Outcome Tracking Log*.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years

In the past 12 months, there two reports of staff-on-resident sexual abuse administratively investigated, both determined to be unfounded. When interviewed, the Assistant Facility Director-Programs/PREA Compliance Manager knew his responsibilities in the conduct of administrative investigations and referral for criminal investigations. Investigative files were reviewed and documentation was complete and investigated per agency policy.

Standard §115.272 Evidentiary standard for administrative investigation
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2,-E, page 6, section B-2-d and facility policy 0803-1, page 12, section K-5, 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. When the Assistant Facility Director-Programs/PREA Compliance Manager, who is the facility investigator, was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

Standard §115.273 Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 10 & 11, section III-K and 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 as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director or the PREA Compliance Manager are 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.

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. The policy further states that

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. Following a resident's allegation that he was sexually abused by another resident, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody.

In the past 12 months, the Newark Residential Reentry Service Center received two allegations of sexual abuse that were determined to be unfounded. In both cases the alleged victims had been released or transferred to other facilities that were not operated by GEO; therefore, no notifications were required to be made. Based on interview with the Assistant Facility Director-Programs/PREA Compliance Manager, the process of providing notification to resident victims at the conclusion of an investigation is in place.

Standard §115.276 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 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. In the *GEO Employee Handbook*, provided to all staff, pages 16 & 17 explain the zero-tolerance policy for employees and the sanctions that would be imposed for violations of that policy.

In the past 12 months, there were two allegations of sexual abuse involving staff that were both determined to be unfounded.

Standard §115.277 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2-A, page 14, section G-3 and page 15, section H-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal. The facility does not have any volunteers. There are 14 contracted staff, two nurses and 12 Security Monitors. In the past 12 months, there were no violations of GEO's sexual abuse or sexual harassment policy by any contractors.

Standard §115.278 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to facility 2014-6, page 13, section M-2, the New Jersey State Parole Board is the supervising authority over all residents at the Newark Residential Reentry Service Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the New Jersey State Parole Board Supervisor who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for in the *Resident Handbook* on page 43.

Based on GEO policy 5.1.2-A, 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. The parole division will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. 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 the past 12 months, there were no disciplinary sanctions imposed related to resident sexual misconduct.

Standard §115.282 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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 23, section 7 and facility policy 2014-6, pages 7 & 8, sections 5-f & h. The Newark Police Department in partnership with the Essex County Prosecutor's Office provides for SANE exams for Newark Residential Reentry Service Center resident victims of sexual abuse. Medical services, including SANE exams, are provided by referral to the University Hospital. Mental Health referrals are made to the Rutgers Behavioral Health Center.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. 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 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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility will offer ongoing medical and mental health care to all the residents of the Newark Residential Reentry Service Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 23 & 24, section M-1 and facility policy 2014.6, page 10 section H-1 & 2 and page 11, section 6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections. 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 Hospital for emergency and ongoing medical services.

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. Mental health services are provided by referral to Rutgers Behavioral Health Center.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

Standard §115.286 Sexual abuse incident reviews
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 25, section 3 and facility policy 2014-6, page 12, section K, the facility is required to conduct a sexual abuse incident review within 30 days of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager make up the facility's Incident Review Team. The team meets with the PREA Coordinator in attendance via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The PREA Compliance Manager maintains copies of all completed *PREA after Action Review Reports* and a copy is retained in the corresponding investigative file.

In the past 12 months, there were two allegations of sexual abuse, both determined to be unfounded, so therefore there were no sexual abuse incident reviews required. When interviewed, the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard §115.287 Data collection

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

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. 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).

The Assistant Facility Director-Programs/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*. 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.

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

Standard §115.288 Data review for corrective action

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

Based on GEO policy 5.1.2-A, page 25 & 26, section N-2, 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 prepares an annual report that provides the problem areas 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 most recent report was completed in May 2015. 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.

The PREA Coordinator forwards the annual report to the Vice President of Operations for signature and approval. The report is then made public on the GEO website (www.geogroup.com). Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard §115.289 Data storage, publication and destruction

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 26, section N-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by state statute. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at www.geogroup.com. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

AUDITOR CERTIFICATION:

I certify that:

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

Barbara Jo Denison

June 11, 2016

Auditor Signature

Date