

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

Interim       Final

Date of Report    July 19, 2019

### 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 20-21, 2019

### Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-893-0101		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input 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

<b>Name:</b> Rob Walling	<b>Title:</b> Acting PREA Coordinator
<b>Email:</b> rwalling@geogroup.com	<b>Telephone:</b> 261-325-5719
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 108

### Facility Information

<b>Name of Facility:</b> Tully House			
<b>Physical Address:</b> 28 Peerless Place, Newark, NJ 07114			
<b>Mailing Address (if different than above):</b> SAA			
<b>Telephone Number:</b> 973-297-1771			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<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:** 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.

**Facility Website with PREA Information:** 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

<b>Name:</b> Paula Lord	<b>Title:</b> Facility Administrator
<b>Email:</b> plord@geogroup.com	<b>Telephone:</b> 561-430-1793

### Facility PREA Compliance Manager

<b>Name:</b> Geraldine Morgan	<b>Title:</b> Unit Supervisor
<b>Email:</b> gmorgan@geogroup.com	<b>Telephone:</b> 973-297-1771

### Facility Health Service Administrator

Name: N/A		Title: N/A	
Email: N/A		Telephone: N/A	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 344		Current Population of Facility: 337	
Number of residents admitted to facility during the past 12 months			547
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			8
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			496
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			533
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 20-73	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			6 months
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			80
Number of staff hired by the facility during the past 12 months who may have contact with residents:			8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			7
<b>Physical Plant</b>			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		42	
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.):			
<p>The facility has a total of 78 cameras. During the onsite audit, a new camera system was being installed in the Main Building. The new system would increase the total number of cameras to 90 high definition digital cameras. Three DVR's will be moved to the electrical room, one DVR in the Supervisor of Operation's Office and one in the Maintenance Department. The new camera system will increase the retention of data to up to 30 days.</p>			
<b>Medical</b>			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		University Hospital	

<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	4 volunteers no contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	111 agency wide (none at this facility)

## Audit Findings

### Audit Narrative

Tully House is a male residential treatment and work-release center that is owned and operated by the GEO Group, Inc. (GEO). GEO has a contract through the Education Health Centers of America (EHCA) with the New Jersey Department of Corrections (NJDOC) to house their adult male offenders.

#### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policies 2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*; 2019-1, *PREA Staffing and Facility Requirements*, 2019-2, *PREA Intake and Orientation*, 2019-3, 2019-4, *Resident Searches, Viewing and Contraband* and 2019-5, *Grievance Process*. Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Geraldine Morgan, Unit Manager, designated as the facility’s PREA Compliance Manager, answered questions and provided additional information and documentation as requested.

The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing residents of the scheduled audit date and my name and mailing address if they wished to send me correspondence. Residents were informed correspondence would remain confidential.

GEO has a Memorandum of Understanding (MOU) with SAVE of Essex County, a program of the Family Service League. The Executive Director of SAVE of Essex County was contacted to confirm and review the MOU. SAVE of Essex County is part of the County Sexual Assault Response Team. When the Response Team is notified of a sexual assault, an advocate from SAVE would be dispatched to the University Hospital to accompany the resident victim through the forensic exam procedure. SANE nurses from the county prosecutor’s office would also be dispatched to perform the forensic exam. These services are at no cost to the resident victim.

SAVE of Essex County provides residents of Tully House with a 24-hour crisis hotline. Residents can call the hotline number to talk to an advocate. The resident will be offered up to four counseling sessions to be scheduled at SAVE of Essex County located at 60 S. Fullerton Avenue, Suite 109,

Montclair, NJ. If additional counseling is requested by the resident, the resident will be billed on a sliding scale for these services.

In review of *Resident Reporting Options* posters and PREA information provided to residents on page 10 of the *PREA Education Manual for Residents* and in calling some of the reporting numbers, suggestions were made to the PREA Compliance Manager for revisions/corrections to this information as some numbers were incorrect or duplications. The PREA Compliance Manager revised the information on both documents and provided the revised copies.

The PREA Compliance Manager provided lists of security staff and non-security staff scheduled to be on-site during the audit. From this information, staff were selected to be interviewed.

### **Onsite Audit Phase**

The PREA audit of the Tully House was conducted June 20-21, 2019. On the first day of the audit, an entrance meeting was held. Information on the audit process and the audit schedule was reviewed. The following people attended the entrance meeting:

- Paula Lord, Facility Administrator
- Geraldine Morgan, Unit Supervisor/PREA Compliance Manager
- Andre Sobers, Supervisor of Operations
- Theresa Peterson, Human Resource Manager
- Karen Gerak, Quality and Compliance Manager – Youth Services

Following the entrance meeting, a site review of the facility was conducted with the following people accompanying me:

- Paula Lord, Facility Administrator
- Darryl Hooper, Director, EHCA
- Ronald Morrison, Deputy Director of Programs, EHCA
- Geraldine Morgan, Unit Supervisor/PREA Compliance Manager
- Andre Sobers, Supervisor of Operations
- Fauly Viola, Maintenance Technician
- Theresa Peterson, Human Resource Manager
- Karen Gerak, Quality and Compliance Manager – Youth Services

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in resident rooms and in other locations throughout the facility with the date posted noted as 5/8/19. I did not receive any correspondence from residents of Tully House.

PREA reporting information, in both English and Spanish, was posted in all resident rooms and in numerous locations throughout the facility. During the site review, residents and staff were informally questioned about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them.

The reporting option numbers for the NJDOC PREA Coordinator (1-800-305-1881) and SAVE of Essex County (877-733-2273) were dialed on a resident pay phone to ensure they were accessible to residents. Both numbers were found to be accessible.

On the first day of the audit The PREA Compliance Manager provided a housing roster, an At Risk Log, and names of residents with special designations. From this information residents were selected to be interviewed. There were 337 residents assigned to Tully House on the first day of the onsite audit visit. One resident from each of the resident rooms were interviewed for a total of 42 residents, which included residents with the following special designations:

1	Screened at risk for victimization
3	Screened at risk for abusiveness
1	Screened at risk for both victimization and abusiveness
1	Limited English proficient
1	Low vision
1	Hard of hearing
1	Low reading skills

There were no residents assigned to the facility who self-disclosed being gay, bisexual, transgender or intersex. There were no residents who were blind, deaf, with cognitive or physical disabilities. All residents interviewed reported they received written PREA information at intake and viewed the PREA video during orientation.

Fourteen specialized staff and fifteen random staff were interviewed. The agency’s former PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period. A volunteer was interviewed by telephone. Staff interviewed confirmed receiving PREA training as a new employee and completing online training annually. They knew their responsibilities if they were a first responder to an allegation of sexual abuse and whom to report allegations to. All staff carry with them a First Responder Card affixed to their badges reminding them of their first responder duties. Staff who have multiple roles were asked questions as they relate to each of those roles, as well as the random staff questions.

The records of 25 random residents were reviewed to determine compliance with screening procedures and the requirements of PREA education for residents. Documentation showed four residents who were being tracked on the At Risk Log did not score for risk of victimization or abusiveness. The PREA Compliance Manager was questioned about these residents and she stated various information received from NJDOC records was vague and she felt to ensure the safety of these residents they would be tracked and housed accordingly. These residents were all offered a referral to mental health, but in each case declined. All files reviewed contained documentation of residents receiving PREA written information and viewing the PREA video on day of arrival to the facility.

The human resource files of 24 random employees were reviewed with the Human Resource Manager to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed for pre-employment by NJDOC and by Career Builders and every five years thereafter by the NJDOC. Files reviewed were found to be complete with documentation of background clearances and required disclosures annually and at the time of promotions and transfers.

The same 24 employee files were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation of PREA training at pre-service and annual PREA training.

The files of the facility's four volunteers were reviewed and showed volunteers have criminal background checks by NJDOC and upon completion of PREA training sign documentation acknowledging receipt and understanding of the training they received.

In information provided prior to the audit, in the 12 months preceding the audit there was one allegation of inmate-on-inmate sexual harassment. An administrative investigation determined the allegation to be unsubstantiated. In review of the investigative file, a *Notification of Outcome of Allegation* was prepared, but not presented as the referring agency provided notification to the alleged victim.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

Geraldine Morgan, Unit Supervisor/PREA Compliance Manager  
Andre Sobers, Supervisor of Operations  
Edward Dobson, Manager, Program Performance  
Karen Gerak, Quality and Compliance Manager – Youth Services

Observations and findings during the on-site audit were reviewed. The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit and the responsibility of GEO to post this final report on their website.

### **Post-Onsite Audit Phase**

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and resident interviews during the Onsite Audit Phase were reviewed to determine the facility's compliance to all of the PREA standards.

## **Facility Characteristics**

Tully House is located at 28 Peerless Place, Newark, New Jersey. The facility, constructed in 1997, was owned and operated by the Community Education Centers (CEC) until April 2017, when GEO acquired the facility from CEC.

The facility consists of a one-story Annex building and a two-story Main building that face one another. Six repurposed trailers provide additional space for the Maintenance Department, a kitchen dry storage area, a property/record storage area and a housekeeping area.

The Annex houses administrative offices, Program Counselors' offices, Business Office, Human Resource Office, library, computer lab, gym/multipurpose room, parole/video conference room, Program Activities/Classification offices and a lecture hall.

Staff and visitors enter into the facility into the Main building from a turnstile entrance that faces Peerless Place. All visitors are required to sign in, identification of staff and visitors is checked and visitors and staff walk through a metal detector. A hand wand is used if a visitor or staff does not clear the metal detector.

Residents are required to use an entrance on Toler Place and enter into a foyer area near Main Reception. They sign in on an electronic pad, which is recorded electronically into SecurManage, and are pat searched in view of a camera.

The Main building consists of two housing units. Commitment Lane, located on the first floor of the residential building, houses residents who are in an intensive substance abuse treatment program. This unit has the capacity to house 114 residents in 14 rooms. Rooms have from 4-12 bunkbeds in each room. Locker space is provided under the bottom bunks.

There are two common restrooms in this housing unit, one with five urinals, six toilet stalls, eleven sinks and a shower room with 11 shower heads and the other smaller, handicapped accessible restroom, with two urinals, two toilet stalls, four sinks and a shower room with four shower heads. Shower curtains on the entryway of the shower rooms provide privacy. Posted signs in the shower area inform resident the shower area is the changing area. Also, on the first floor there is a medical department where residents go for blood pressure checks, finger sticks and medication administration. A holding cell near the medical area is used for UA's. There is a laundry room with three stackable washer/dryers, a barber shop with two chairs, a small multipurpose room, a second holding room, a small multipurpose room and office space for the Unit Supervisor/PREA Compliance Manager and two Unit Managers. There are nine resident pay phones in the hallway of Commitment Lane with *Resident Reporting Options* posters on the wall near the phones.

There are stairways to reach the second floor, with one stairway used only for fire evacuation drills. There is also an elevator that is used by staff and residents approved to use the elevator due to mobility issues.

Determination Lane is the housing unit on the second floor. Residents on work release status or who are enrolled in school are housed in 28 rooms with the capacity to house 230 residents. Each room have from 8-12 bunkbeds. On this floor there is a laundry room with eight washers and 12 dryers, a supply closet and a glass enclosed Unit Counselor's office. There are two common restrooms on this floor. One restroom has 15 sinks, 9 toilet stalls, 6 urinals and a shower room with 9 shower heads. The second restroom, has 15 sinks, 8 toilet staffs (one handicapped accessible), 6 urinals and a double shower room with 17 shower heads. There are shower curtains on the entryway of the shower rooms.

During the onsite audit, all cameras in the Main building were being replaced with high definition digital cameras and twelve additional cameras were being installed. There will be 56 cameras in the Main building, 18 in the Annex and 16 in the trailers upon the completion of the camera upgrade. Three DVR's that are currently in Main Reception will be moved to the electrical room, there will be one DVR in the Supervisor of Operations office and one in the Maintenance Department. The new system will increase retention of data from 14 days to up to 30 days. The facility also has dome mirrors in several locations that provide additional visibility to areas not captured by camera.

Tully House provides residents with an intense modified therapeutic community program to address issues of substance abuse. The program is a three-phase program. Residents enter into the program in Phase I after completing orientation. Phase I is for two weeks, Phase II for 30-60 days, Pre-Phase III for 4-6 weeks. Upon successful completion of these phases of the program, residents enter into Phase III, which is the Work Release/Education phase where they are allowed to seek employment in the community or enroll in school.

The facility currently has 74 employees and vacancies for two Program Activities Coordinators, one full-time Operations Counselor, one part-time Operations Counselor and one Program Counselor. The facility has four volunteers and no contractors.

There are three security shifts; 7:00 a.m. – 3:00 p.m., 3:00 p.m. – 11 p.m. and 11:00 p.m. – 7:00 a.m.



Operations Counselors conduct 10 head counts daily: 8:30 a.m.; 11:00 a.m.; 1:00 p.m.; 4:10 p.m.; 6:10 p.m.; 9:10 p.m.; 11:10 p.m.; 1:00 a.m.; 3:00 a.m. and 6:30 a.m. They also conduct tours of the facility every 15 minutes. Shift Supervisors conduct PREA Unannounced Rounds several times on each shift per month. The Supervisor of Operations conducts numerous rounds throughout the day.

## Summary of Audit Findings

The audit findings of the PREA audit of Tully House are as follows:

**Number of Standards Exceeded:** 4

The facility was found to exceed in the requirements of the following standards: 115.211; 115.231; 115.233 and 115.288.

**Number of Standards Met:** 37

The facility was found to meet compliance to all provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.232; 115.234; 115.235; 115.241; 115.242; 115.251; 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

**Summary of Corrective Action (if any)** N/A

## 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 Tully House policy 2019-6, are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Facility policy 2019-1, *PREA Staffing and Facility Policy*, and GEO policy 5.1.2-A include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency policy was found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

**115.211 (b):** The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. At this time, the PREA Coordinator position is vacant. The agency's organizational chart depicts

the PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 and facility policy 2019-6, pages 2-3, section III-A-2 outline the responsibilities of the agency's PREA Coordinator. The agency also employs a Director, Quality Assurance and Reentry Services who provides oversight to the agency's reentry facilities.

**115.211 (c):** GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the Unit Manager/PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and pages 2 & 3, section III-A of facility policy 2019-6 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Administrator and the agency's PREA Coordinator.

In interview with the agency's former PREA Coordinator at an earlier date and the PREA Compliance Manager during the onsite audit, both stated that 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 their 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, pages 7, section C-1 and facility policy 2019-1 pages 3 & 4, section B-1, the facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. Since the last PREA audit, the average daily population of the facility was 330. In interview with the Facility Administrator and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The staffing plan was provided for review and showed for the current year there are 78.4 allocated positions. Recently, four additional part-time Operations Counselor positions were approved.

**115.213 (b):** According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager and the Facility Administrator, in the past 12 months there were no deviations to the staffing plan. Documentation provided showed when vacancies occur the facility utilizes overtime to ensure proper staffing levels. In interview with the Facility Administrator, she

reported she ensures compliance to the staffing plan by her, together with the Supervisor of Operations, review staffing daily and staffing roster are available in staff offices. She further stated, the ratio of staff-to-residents is 1:40 on first shift, 1:48 on second shift and 1:40 on third shift per contract requirements. Quarterly the client requests information on the total number of staff and the number of vacancies.

**115.213 (c):** Whenever necessary and no less than annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Reentry*. This completed form is submitted to the Corporate PREA Coordinator and the Vice President, Residential Reentry Centers 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 *Annual PREA Facility Assessment – Reentry* completed for 2017 and 2018, there were no recommendations for changes to the established staffing plan and there were no deviations to the staffing plan. The facility utilizes overtime and scheduling adjustments in the event of staff vacancies. In interview with the former agency’s PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the *Annual PREA Facility Assessments* she reviews and approves for each of the agency facilities annually.

**115.213 (d):** According to facility policy 2019-1, page 4, section B-1-f & g, Tully House has a policy and practice requiring facility management staff and mid-level supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are required at a minimum of once a month for each shift and documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with management staff and mid-level supervisors and in review of *PREA Unannounced Supervisor Rounds* for the months of April and May, 2019, the practice of unannounced rounds is in place. Shift Supervisors on each shift conduct unannounced PREA rounds approximately four times per month.

## 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, page 17, section I and facility policy 2019-4, pages 2-4, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

**115.215 (b):** Tully House houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.215 (c):** Tully House houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.215 (d):** The agency and facility has policies and practices that allow residents to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering opposite-gender housing units or restroom areas. All residents are required to change their clothes in the resident bathroom area to ensure their privacy. Signs posted near the restroom area informs residents that the restroom is an authorized changing area. In the event a staff observes an opposite-gender resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the Facility Administrator. In interview with residents, they all feel they have privacy to shower, toilet and change clothing when opposite gender staff are in their housing area. They also reported that female staff do not come into the restrooms.

**115.215 (e):** GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2019-4, pages 3-4, address searches of transgender and intersex residents. Facilities shall not search or physically examine a transgender or intersex resident solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite visit, there were no transgender or intersex residents assigned to the facility.

**115.215 (f):** All employees of Tully House receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. The *Guidance in Cross-Gender and Transgender Pat Searches 2016* lesson plan was provided for review. Staff sign a *PREA Basic Acknowledgement* form acknowledging receiving and understanding the training provided. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually through on-line training in the LMS.

## **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):** Based on GEO policy 5.1.2-A, page 12, section E-1 and facility policy 2019-2, page 1, section II, the agency and the facility ensure that residents with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff training curriculum addresses residents with disabilities. In interview with the Vice-President, Continuum of Care and Reentry Services (agency head designee), he stated PREA education is offered in various formats. Posters, the videos and all PREA education is available in both English and Spanish. He also stated that facilities have contracts with Language Line Services that provide translation and staff interpreters are used for translation. There are TDD phones for the deaf residents. At the time of the onsite audit there was one resident who was hard of hearing. In interview with this resident, he reported his Program Counselor read PREA information to him when he arrived at the facility.

**115.216 (b):** The facility takes steps to ensure residents who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Residents receive a *PREA Education Manual for Residents*, available in English and Spanish and in large print for those with limited vision. The facility has three employees who are

qualified to interpret for Spanish-speaking residents, one who can interpret for Polish-speaking residents and two who can interpret for Hindi-speaking residents. A contract with Language Line Services, Inc. provides translation of any other language. At the time of the audit, there was one resident who was limited English Proficient. When interviewed with a staff qualified interpreter, he reported seeing the PREA video in English and receiving PREA written information in Spanish. He was offered to be scheduled to see the Spanish PREA video, but he declined.

**115.216 (c):** Agency and facility policies prohibit residents to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The use of residents under these circumstances must be justified and documented in a written investigative report. In information provided by the facility, in the past 12 months residents have not been used for this purpose. Staff interviewed knew the policy prohibits using residents for this purpose.

## 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, page 8 section C-2 and facility policy 2019-1, 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. Page 16, section 4 of GEO policy 5.1.2-A, and page 4, section 3 of facility policy 2019-1, addresses the requirements of hiring contractors.

**115.217 (b):** GEO and the facility 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 all applicants and employees who may have contact with residents have a criminal background checks. Criminal background checks for all potential employees are completed through a contract with Career Builders and by the New Jersey Department of Corrections. For those considered for promotions or who transfer from another facility, an internal background check through GEO is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104), and a Career Builders background check is conducted. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested through Career Builders. From information provided on the Pre-Audit Questionnaire, in the past 12 months, eight criminal background checks were completed on employees.

**115.217 (d):** The facility performs criminal background checks through the New Jersey Department of Corrections before enlisting the services of any contractor or volunteer. The facility has four volunteers and no contractors.

**115.217 (e):** Criminal background checks are conducted through NJDOC every five years for employees and volunteers.

**115.217 (f):** The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* form (PREA-102). Annually at the time of performance

evaluations, employees sign a *PREA Disclosure and Authorization – Annual Performance Evaluations* form (PREA-101).

**115.217 (g):** GEO and the facility 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.

**115.217 (h):** Unless prohibited by law, GEO’s Reentry Services Corporate Human Resource 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.

Random human resource files of 24 employees were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements.

## 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) & (b):** GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2019-1, page 4, section 3, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, since the last PREA audit the facility has not acquired any new facility, expanded or modified the existing physical plant and there were no new video monitoring system or other monitoring technology since the last PREA audit. Information on the 2018 *Annual PREA Facility Assessment – Reentry* a new camera upgrade was approved and being installed during the onsite audit visit.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he explained that every facility that is acquired or designed has an assessment made by the operations team along with the construction team. He also stated there is a constant assessment being made at the facilities and by the PREA Coordinator and her team for blind spots and cameras to improve the monitoring efforts for the protection of inmates 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (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 7 & 8, sections D and facility policy 2019-6, page 11 section 7 & 8, outline the agency/facility’s requirements as it applies to this standard. The policy 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):** The agency and the facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice’s office on Violence Against Women Publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”.

**115.221 (c):** Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Resident victims of sexual abuse are referred for forensic exams to the University Hospital, Newark, NJ. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no residents referred for a forensic exam.

**115.221 (d):** The agency has an MOU with SAVE of Essex County to provide resident victims with emotional support services.

**115.221 (e):** The terms of the MOU with SAVE of Essex County provides advocates to accompany and support the victim through the forensic medical exam process and the investigatory process, individual and group therapy and a 24-hour advocacy hotline.

**115.221 (f):** According to facility policy 2019-6, page 7, section 2, it is the responsibility of the local law enforcement to conduct all investigations and ensure all forensic evidence is collected and preserved. Criminal investigations are conducted by the Newark

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* and on *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents knew how to access information if needed.

## 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-A, page 5, section III-A-2, GEO policy 5.1.2-E, page 4, section III-A-1, facility policy 2019-6, page 5, 3<sup>rd</sup> paragraph and the NJDOC mandate on sexual abuse and sexual harassment, address the agency/facility's policies and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The NJDOC Special Investigative Division (SID) is notified of all allegations of sexual abuse and sexual harassment reported. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR).

In the past 12 months there was one allegation of inmate-on-inmate sexual abuse reported. The allegation was administratively investigated and not referred for criminal investigation. In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he explained that administrative and criminal investigations are required by the corporate and local policies. Sometimes contract compliance may require differences on who can investigate allegations of sexual abuse and sexual harassment.

**115.222 (b):** GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has 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 documented and tracked on the *Monthly PREA Tracking Log*. In the past 12 months, there were no allegations of sexual abuse reported. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

**115.222 (c):** Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

## 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. The agency's requirement of this training is found on pages 13 & 14, section F-1 of policy 5.1.2-A and facility policy 2019-1, page 2, 4<sup>th</sup> paragraph. 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 this standard as required. Staff also receive *Guidance to Cross-Gender and Transgender Pat Searches* training at pre-service and annually. Staff receive classroom training facilitated by the PREA Compliance Manager at in-service and quarterly, with different topics reviewed each quarter and complete annual PREA training online through the Learning Management System (LMS).

**115.231 (b):** Tully House houses adult male residents only. The training provided 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, employees of Tully House receive PREA education as required annually. In the past 12 months all employees assigned to the facility who completed PREA training. Between trainings, the facility has monthly staff meetings where PREA issues or concerns are discussed. Clinical staff meet once a week for case conferences where PREA is discussed.

**115.231 (d):** Upon completion of PREA pre-service and annual in-service training, staff sign a GEO *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received. Documentation of annual PREA training for employees is maintained and recorded electronically on individual training records in LMS.

Review of 24 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. Due to the many training opportunities for employees throughout the year, the facility was found to exceed in the requirements of this standard.

## 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):** Tully House ensures all volunteers who have contact with inmates are trained on their responsibilities under the agency and facility’s sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, page 14, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, pages 14 & 15, section H-1 outlines the requirements for contractor and volunteer PREA training.

**115.232 (b):** The facility has four volunteers and no contractors. Volunteers complete *Sexually Abusive Behavior Prevention and Intervention Program 2017* and sign a *PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received.

**115.232 (c):** In review of the training files of the four volunteers, documentation of PREA training is being maintained by the facility.

In interview with a volunteer by telephone, she confirmed receiving PREA training and was knowledgeable of the agency/facility’s zero-tolerance policies and of their responsibilities as outlined in the policies. She knew who to report to if a resident alleged sexual abuse or sexual harassment to her.

## 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, pages 12 & 13, section E-2 and facility policy 2019-2, pages 3 & 4, “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. In interview with the Operations Counselor who provides the *PREA Education Manual for Residents* to the residents and shows the *PREA: What You Need to Know* video and with the PREA Compliance Manager who provides resident PREA education, residents are receiving PREA education on day arrival to the facility. On information reported on the Pre-Audit Questionnaire, there were 547 residents assigned to Tully House in the past 12 months and all residents assigned received PREA education.

**115.233 (b):** Residents who transfer to the facility from a different community confinement facility receive the same PREA education that all newly assigned residents receive. In the past 12 months, there were eight residents who transferred to the facility from another community confinement facility, who received the same training all residents assigned to Tully House receive.

**115.233 (c):** All PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient, deaf, hard of hearing, blind, with low vision, otherwise disabled or have limited reading skills. The *PREA Education Manual for Residents* is provided in both English and Spanish and in large print for residents with low vision. The *PREA: What You Need to Know* video is available in English and Spanish. A contract with the Language Line Solutions provides translation of any languages. The facility has a TDD for deaf or hard of hearing inmates.

**115.233 (d):** The facility maintains documentation of residents’ participation in PREA education sessions. Residents sign an *Acknowledgement of Receipt of PREA Education Manual* and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the *PREA: What You Need to Know* video. In review of random resident files, the facility is maintaining documentation of PREA education.

**115.233 (e):** In addition to PREA education provided to residents, there is posted information in numerous locations throughout the facility in English and Spanish. Residents have weekly quizzes as part of their program requirements and the PREA Compliance Manager stated she puts some PREA questions in those quizzes to ensure residents remain informed of PREA.



Residents interviewed acknowledged receiving written 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 and sexual harassment. Due to the knowledge of residents interviewed and to the continuous reinforcement of PREA through questions on weekly quizzes, the facility was found to exceed in the requirements of this 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):** Tully House does not have trained facility investigators. If there were allegations of sexual abuse or sexual harassment reported at Tully House, a trained investigator from another facility would be assigned to conduct an administrative investigation. GEO has 111 trained investigators agency-wide who have completed *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's former PREA Coordinator. The training curriculum was provided for review and found to include 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 prosecution referral. The East Jersey State Prison Special Investigation Division (SID) investigates all allegations of sexual abuse and sexual harassment reported at Tully House.

**115.234 (c):** The agency maintains documentation that agency-wide investigators have completed specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion.

## 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*)

Tully House does not have medical or mental health staff assigned to the facility; therefore, this standard is not applicable to this facility.

## 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):** According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2019-3, pages 2 & 3, section B, all residents are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months 547 residents assigned to Tully House were assessed for their risk of victimization or abusiveness upon arrival.

**115.241 (b):** Intake screening takes place within 24 hours of residents' arrival to the facility. The facility exceeds in this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted on the day of arrival to the facility.

**115.241 (c):** Intake risk assessments are conducted by Program Counselor using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

**115.241 (d):** The *Reentry Facilities PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

**115.241 (e):** The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

**115.241 (f):** Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their Program Counselor for their risk for victimization and abusiveness using the *PREA Vulnerability Questionnaire*. On information provided on the Pre-Audit Questionnaire, in the past 12 months 496 residents were reassessed for their risk of victimization and abusiveness within 30 days of arrival to the facility. In review of random resident files, this process is in place.

**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 are not be disciplined for refusing to answer any questions or for not disclosing complete information.

**115.241 (i):** The Facility Administrator, PREA Compliance Manager and Program Counselors have access to screening information.

In interview with the Program Counselors and the PREA Compliance Manager and in review of random resident files, the screening process is in place.

## **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 2019-3, page 3, section 2, explains the use of PREA screening information. On interview with the PREA Compliance Manager and a Program Counselor responsible for screening residents, 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 off site for further evaluation. Residents have an option of refusing these services. Those identified to be at risk of being victimized or abusive are tracked on an *At Risk Log* maintained current by the PREA Compliance Manager. Following an allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the *At Risk Log* pending the outcome of the investigation. If the investigation determines the allegation to be unfounded, the victim may be removed from the *At Risk Log*.

**115.242 (c):** Guidelines for housing and program assignments and for the management of transgender and intersex residents are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 2019-3, page 3, section 2-b-d. In making housing and programming assignments for transgender or intersex resident, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being gay, bisexual, transgender or intersex are tracked on a *LGBTI Log*. At the time of the onsite visit, there were no residents who self-disclosed being gay, bisexual, transgender or intersex. In interview with the PREA Coordinator, she explained the agency's guidelines for housing and program assignments for the management of transgender and intersex residents.

**115.42 (d):** A transgender or intersex resident's housing and program assignments will be reassessed every six months using the *PREA Vulnerability Reassessment Questionnaire* to review any threats to safety experienced by the resident.

**115.242 (e):** A transgender or intersex are offender 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.

## 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):** As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 2019-6, page 5, section III-A, the facility 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 staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the *PREA Education Manual for Residents*, page 9, and on the *Resident Reporting Options* poster they can report to any staff member or to the PREA Compliance Manager.

**115.251 (b):** The facility also provides multiple external ways for residents to report allegations to a public or private agency that is not part of GEO. Residents are informed on page 9 of the *PREA*

Education Manual for Residents and on Resident Reporting Options posters they can contact by telephone or in writing the NJDOC PREA Coordinator and can contact SAVE of Essex County toll-free.

**115.51 (c):** Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner.

**115.51 (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 inmate 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.

Staff and residents interviewed were aware of the internal and external reporting options that are available.

## 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 2019-5, pages 3-5, *Sexual Abuse Grievances* section, 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 an inmate 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 and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.

**115.252 (c):** Based on agency and facility policies, 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. Residents may submit grievances to the Facility Administrator or to GEO's PREA Coordinator. 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 were 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. Information on the procedure for residents to file emergency grievances is found on page 20, section L-2-b of GEO policy 5.1.2-A, and on page 5, section F of facility policy 2019-5. After receiving an emergency grievance of this nature, the Facility Administrator 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 alleging sexual abuse filed.

**115.252 (g):** A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate 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 25 & 26, section N-8 and facility policy 2019-6, pages 11 & 12, section H-7, addresses the agency/facility's policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse.

**115.253 (b):** Residents are informed on page 9 of the *PREA Manual for Residents* and on *Resident Reporting Options* posters that victims can call SAVE of Essex County and remain confidential. Tully House enables reasonable communication between the residents and these agencies in a confidential manner.

**115.253 (c):** GEO has an MOU with SAVE of Essex County to provide emotional support service, including victim advocacy services, to resident victims of sexual abuse. The facility provided a copy of

the MOU and the Executive Director of SAVE of Essex County was contacted to confirm and review the MOU.

## 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 L-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. Residents are informed of third party reporting on *Third Party Reporting* posters displayed in both English and Spanish.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea> and on *Third Party Reporting* posters posted in areas visible to visitors and staff. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator.

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. Residents and staff interviewed were aware of this method of reporting.

## 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 pages 20 & 21, section N-4 of GEO policy 5.1.2-A and pages 5 & 6, section III-B of facility policy 2019-6, pages 6 & 7, section III-B. Reporting duties for volunteers is found on pages 14 & 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on pages 15 & 16, section H-2 of GEO policy 5.1.2-A. All staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and 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. This information is to be reported the Facility Administrator, PREA Compliance Manager, the NJDOC and EHCA. If an allegation involves an employee, GEO-OPR and the Director, Quality Assurance and Reentry Services must also be notified. In interview with random staff and a volunteer, they knew their reporting duties.

**115.261 (b):** Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations to.

**115.261 (c):** This provision of this standard does not apply to this facility. Tully House does not employ medical or mental health staff.

**115.261 (d):** Tully House houses adult male residents only and does not house residents under the age of 18. No residents, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Administrator, she confirmed this information.

**115.261 (e):** In interview with the Facility Administrator, Tully House reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to East Jersey State Prison Special Investigation Division.

## 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 alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 2019-1, page 2, first 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 the Facility Administrator and on information provided on the Pre-Audit Questionnaire, during the past 12 months there no times it was necessary for the facility to take immediate action in regards to a resident being in substantial risk of sexual abuse.

The Facility Administrator stated if it was suspected a resident was at substantial risk of sexual abuse she would separate the parties and the PREA Compliance Manager would reach out to the EHCA Director and Deputy Director of Programs. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated facilities must protect the potential victim from any harm. An individual approach is taken and the facility has the responsibility to separate the potential victim to keep them safe.

## 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, pages 24 & 25, section M-5 and facility policy 2019-6, page 10, section 5 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 Administrator will 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 information reported on the Pre-Audit Questionnaire and in interview with the Facility Administrator, in the past 12 months the facility did not receive any allegations that a resident was abused while confined at another facility and no notifications were received from another facility of a resident formerly assigned to Tully House alleging sexual abuse while assigned to Tully House.

## 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 & 22, section M-2 and facility policy 2019-6, page 7, section C-2, 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.

**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, stay with the alleged victim and notify security staff.

All staff carry with them a 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.

On information provided on the Pre-Audit Questionnaire and in discussion with the PREA Compliance Manager, in the past 12 months there was one allegation of sexual harassment and no allegations of sexual abuse.

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.

## 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 (a):** GEO policy 5.1.2-A, page 6, section A-4, and review of Tully House *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 Incident 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 PREA Compliance Manager and the Supervisor of Operations 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, GEO policy 5.1.2-E, pages 4 & 5, section III-A-2 and facility policy 2019-6, page 8, section 3-e, were 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. On information provided for review, Tully House has a collective bargaining agreement District 1199J, National Union of Hospitals and Health Care Employees, AFSCME, AFL-CIO, entered into in May 2018. The agreement addresses progressive discipline or discharge of employees who violate sexual abuse and sexual harassment policies.

**115.266 (b):** In all cases where the alleged abuser is an employee or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. The staff member will be reassigned to a post with no resident contact or placed on administrative leave pending completion of the investigation.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), no collective bargaining agreement would prohibit removing an alleged staff abuser from contact with residents pending an investigation. The agency would not enter into any that would.

### 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 26 & 27, section N-2 and in facility policy 2019-6, pages 11 & 12, section H.

**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 offender 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):** Residents who allege sexual abuse will be monitored by the Supervisor of Operations who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring weekly for at least 90 days or longer if there is a continuing need. Monitoring shall terminate if the allegation is determined to be unfounded. The Supervisor of Operations will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents and staff is documented on the *Protection from Retaliation Log – Reentry* form.

**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.

In interview with the PREA Compliance Manager and the Facility Administrator and information provided on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of inmate-on-inmate

sexual harassment reported and the victim was returned to NJDOC custody following the report of the allegation.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he stated facilities would always look for the best options for residents and staff. Residents and staff could always be talked to individually and assessed on a case-by-case basis. If there was retaliation identified, immediate action would be taken.

## 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 Tully House, promptly, thoroughly and objectively, 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 5 & 6, section III-B and on page 13, section II-A-2, 15-17, of facility policy 2019-6.

**115.271 (b):** The facility does not have trained investigators. GEO has 111 agency-wide trained investigators who have completed specialized training in the investigation of sexual abuse allegations. If there was a report of an allegation of sexual abuse or sexual harassment at Tully House, investigators of the East Jersey State Prison Special Investigation Division are notified and investigate the allegation. If an administrative investigation is required, an agency-trained investigator would be assigned by corporate to investigate the allegation.

**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. Investigators 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 an offender 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.

**115.271 (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations referred for prosecution. There was one allegation of inmate-on-inmate sexual harassment reported. The allegation was investigated by the East Jersey State Prison Special Investigations Unit and determined to be unsubstantiated.

**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 outside agencies 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 former PREA Coordinator, 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 facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## 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 11 & 12, section III-K and facility policy 2019-6, pages 13 & 14, 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 for preparing the *Notification of Outcome of Allegation* form (attachment D of GEO policy 5.1.1-A) and will present the notification to the alleged victim for his/her signature after receiving notification at the conclusion of the investigation from the East Jersey State Prison Special Investigation Unit. The resident receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

In a memorandum dated 1/13/16 from the Assistant Superintendent of the East Jersey State Prison, the institution housing the victim at the time the disposition report is generated is responsible for issuing the report to the victim. If the victim has not returned to Tully House and is housed at the East Jersey State Prison, the investigator of SID will present a notice of the outcome of the investigation to the victim. In that case, the PREA Compliance Manager will prepare the *Notification of Outcome of Allegation* form and indicate on the form who at the East Jersey State Prison informed the victim of the outcome of the investigation.

**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. 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 are 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 Facility Administrator and the PREA Compliance Manager, in the past 12 months there were no *Notification of Outcome of Allegation* forms presented to residents. In the one allegation reported in the past 12 months, the Senior Investigator of the East Jersey State Prison SID, presented notification to the victim at the conclusion of the investigation. The *Notification of Outcome of Allegation* form was filed in the investigative file and noted the referring agency made notification to the victim.

<b>DISCIPLINE</b>
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**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 12, section L-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 agency's zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Facility Administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members disciplined for violating the agency's sexual abuse or sexual harassment policies.

## 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-E, page 13, section L-3 and GEO policy 5.1.2-A, page 15, section G-3 for volunteers and page 16, section H-3 for 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.

**115.277 (b):** The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with residents.

In interview with the Facility Administrator and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers reported to law enforcement for engaging in sexual abuse of residents. The facility does not have contractors.

## 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 GEO policy 5.1.2-E, pages 12 & 13, section L-2, if a resident is found guilty of engaging in sexual abuse involving another resident, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The *Tully House Resident Handbook*, page 6, outlines program violations a resident will be disciplined for and the sanctions to be imposed and pages 28 & 29, outlines NJDOC prohibited acts.

**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-c, 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.

**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 offenders is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, in the past 12 months there were no disciplinary sanctions imposed for any resident violating the sexual abuse 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 25, section N-1 and facility policy 2019-6, pages 10 & 11, section 7. Tully House does not have medical or mental health staff on site. All services are referred offsite. Medical services are provided at University Hospital and mental health services at the East Jersey State Prison. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement.

**115.282 (b):** All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately.

**115.282 (c):** SANE exams are performed offsite at University Hospital. Resident victims are offered prophylaxis for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Female victims are offered contraception prophylaxis.

**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 reported from the facility, in the past 12 months there were no residents who required emergency medical or mental health services due to being victimized by sexual abuse.

Security and non-security staff were knowledgeable of their responsibilities of taking preliminary steps to protect the victim and to notify medical and mental health staff immediately.

## 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 residents who have been victimized by sexual abuse.

**115.283 (b):** According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 2019-6, page 11 & 12, section 9, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

**115.283 (c):** The facility provides victims with immediate medical and mental health care. Residents are transferred to University Hospital for ongoing medical services and ongoing mental health services by referral to the SAVE of Essex County/Family Service League. All refusals for medical and mental health services shall be documented.

**115.283 (d)** The facility houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.283 (e):** The facility houses male residents only; therefore, this provision of this standard is not applicable to this facility.

**115.283 (f):** Resident victims of sexual abuse while incarcerated 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.

**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. Referrals are made to the East Jersey State Prison or to SAVE of Essex County/Family Service League.

On information provided by the PREA Compliance Manager, in 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, page 28, section 3 and facility policy 2019-6, page 13, section 3, the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

**115.286 (b):** The review is conducted within 30 days of the conclusion of the investigation.

**115.286 (c):** The review team consists of the Facility Administrator, PREA Compliance Manager, the Supervisor of Operations, the Deputy Director of Programs and a Unit Manager, the PREA Coordinator may attend via telephone or in person.

**115.286 (d):** The review 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) with any recommendations for improvement, 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 the reasons for not doing so.

In interview with the PREA Compliance Manager, on information provided on the Pre-Audit Questionnaire there was one allegation in the past 12 months and an incident review was completed.

## 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 28, section O-1 of GEO policy 5.1.2-A and facility policy 2019-6, page 14, section 10-1, GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

The incident-based data collected shall include, at 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.

**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.

**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 28 & 29, section O-2 and on interview with the former 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 by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. The former PREA Coordinator stated that a database program, monitored by a Data Specialist, is used at the corporate level to maintain the data.

**115.288 (b):** The PREA Coordinator reviews the data collected and the annual 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 and to the Senior Vice President, US Corrections and Detention and International Operations for their signatures and approval. The report is 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 as stated on the last page of GEO's annual report.

## 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):** Based on GEO policy 5.1.2-A, page 28, section O-3, facility policy 2019-6, page 14, section 10-3, and on interview with the former PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11).

**115.289 (b):** GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

**115.289 (c):** Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

## 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 residents?  
 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-C, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of Tully House was conducted in February 2016 by a DOJ certified PREA auditor. This audit, conducted three years after the initial PREA audit, was conducted by a DOJ certified PREA auditor.

**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.

**115.401 (f):** I received and reviewed all relevant agency-wide policies and procedures during the onsite audit phase and during the onsite audit.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of Tully House.

**115.401 (i):** I was permitted to request and received copies of relevant documentation.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a random sample of staff and residents during the onsite audit.

**115.401 (l):** I reviewed camera monitors.

**115.401 (m):** I was permitted to conduct private interviews with residents and staff in an area that ensured confidentiality to our conversation.

**115.401 (n):** Residents were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from residents of Tully House.

**115.401 (o):** During the Pre-Onsite Audit Phase I contacted the SAVE of Essex County.

### 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 (a):** 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.

**115.403 (b):** In thorough review of GEO's policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.

**115.403 (c):** For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 9 for a summary of audit findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

**115.403 (f):** 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  
**Auditor Signature**

July 19, 2019  
**Date**