

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 3/04/2022

Auditor Information

Name: Robert Manville **Email:** robertmanville9@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: 168 Dogwood Dr. SE **City, State, Zip:** Milledgeville, Ga. 31062

Telephone: 912-486-0004 **Date of Facility Visit:** 02/08-02/9/2020

Agency Information

Name of Agency: The GEO Group, Inc.

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 4955 Technology Way **City, State, Zip:** Boca, Raton, Fl. 33431

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com **Telephone:** 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya

Email: Tmasodemoya@geogroup.com **Telephone:** 561-999-8116

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
81(45 prisons/jails; 36 re-entry)

Daniel Ragsdale, Executive Vice President, Contract Compliance

Facility Information

Name of Facility: Tully House

Physical Address: 28 Peerless Place

City, State, Zip: Newark, NJ 07114

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: Click or tap here to enter text.

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

The facility has received internal monitoring audits.

Facility Director

Name: Paula Lord (Senior Coordinator)

Email: plord@geogroup.com

Telephone: 973-297-1771 ext. 260

Facility PREA Compliance Manager

Name: Sherry Brooks

Email: shebrooks@geogroup.com

Telephone: 973-297-1771 ext. 261

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

344

Current Population of Facility:	82	
Average daily population for the past 12 months:	69	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-63	
Average length of stay or time under supervision	280 Days	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	118	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	117	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	115	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	53	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	42 rooms
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	42
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: New Jersey Department of Corrections) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0 at facility
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; Standard 115.218: Upgrades to facilities and technologies; Standard 115.233: Resident education; Standard 115.241: Screening for risk of victimization and abusiveness; Standard 115.242: Use of screening information; Standard 115.251: Resident reporting

Standards Met

Number of Standards Met: 35

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	2/10/2022
2. End date of the onsite portion of the audit:	2/11/2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	SAVE of Essex Count
Audited Facility Information	
4. Designated Facility Capacity:	344
5. Average daily population for the past 12 months:	69
6. Number of inmate/resident/detainee housing units:	2
<p>DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	82
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	15
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	0
<i>Staff, Volunteers, and Contractors Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	53
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	0
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>I asked residents where they were from during the interview. I asked for additional residents from Atlantic City, New Jersey be placed on the list to interviews.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>N/A</p>
<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>I requested list of at risk residents and interviewed an increased number of these residents. I also interviewed residents that arrived at the facility in the last 45 days.</p>
<p><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>2</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed the inmate populations birthdates and age during the audit. The facility had two residents that were 19. Each of these residents were interviewed.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I discussed the unit manager and case managers to determine if any residents had any difficulty understanding the PREA training and post training test. Also, did any of the residents have any difficulty in answering the questions on the intake screening and rescreening.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked several of the staff and residents during the tour if there were any residents that had difficulty reading.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked several of the staff and residents during the tour if there were any residents that had difficulty reading. There was one resident that had a hearing aid that was seen during the tour. He stated he had no problems hearing with his hearing aide.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked staff during the tour, and during the random interview of staff and residents.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed the staff that conducts the initial screening and rescreening to determine if any resident identified as gay, transgender or bisexual.</p>

<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed the staff that conducts the initial screening and rescreening to determine if any resident identified as gay, transgender or bisexual.</p>
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<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed the staff that conducts the initial screening and rescreening</p>
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<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed the staff that conducts the initial screening and rescreening</p>
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<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregation unit.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>I asked for a population of residents that had recently arrived at the facility and a list that may have arrived during the pandemic. I also requested list of residents that are assigned to work release that work during the normal workday and had limited contact with support staff.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (describe) Interviewed all staff on duty direct care on duty during the first 24 hours of the audit.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Click or tap here to enter text.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p>	<p>Due to total direct staff that were on each shift, I interviewed all staff that supervised the residents on the first, second and third</p>

<p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>shift. I randomly interviewed support staff such as food service manager and therapist that had routine contact with residents.</p>
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Specialized Staff, Volunteers, and Contractor Interviews
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>Click or tap here to enter text.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>Click or tap here to enter text.</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

a. Enter the total number of CONTRACTORS who were interviewed:	Click or tap here to enter text.
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b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
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58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	I met with the PREA compliance manager, facility administrator, facility director and unit manager supervisor to determine staff that carried out the duties noted in the specialized staff protocol. Since this is a community correctional facility several staff have collaborative duties and the only way to determine these staff is by meeting with the administrative team.
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Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
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Was the site review an active, inquiring process that included the following:

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
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61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
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62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to a community correctional confinement requirement. There were no blind spot noted in the tour. Staff indicated that the facility had upgraded the camera system and installed additional mirrors during a GEO assessment last year. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). Toilet and shower areas throughout the facilities were located in a manner to prohibit the possibility of cross gender viewing. The auditor contacted Coalition Against Sexual Assault {CASA) Hotline: 1-(800) 601-7200, DOC PREA Coordinator (ombudsman): 1-(800) 305-1811 and SAVE of Essex County (SEC) utilizing the resident telephone system. The CASA answered the call immediately as did the SEC. The Ombudsman call was not answered in a timely manner. The Facility Director called the Ombudsman and was told that he phone system works, however there is only one person that answers the phone and it take some time to get a call through to this number. A review of logbooks and records revealed documentation of security and PREA rounds. The on-site audit tour did not reveal any resident privacy concerns. Residents in each housing unit were asked if they would talk to the auditor about PREA. All agreed to talk about PREA. All residents knew about PREA, and several indicated that the resident population would not tolerate sexual abuse or sexual harassment. All stated they had seen the PREA film on more than one occasion and are quizzed by the Unit Managers and PREA compliance managers about PREA. During the interviews the population seemed to support the facility in maintaining a safe environment. Each of the staff members that were seen during the tour indicated they had received PREA training and were able to show the PREA card they are provided as a reminder of their duties and role in case of a sexual assault. There were several how to report posters in English and Spanish. Also were posters for third party reporting, the SAVE of Essex County poster a general poster about PREA and a notice of the PREA audit located on each bulletin board.

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Fifteen (15) random employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors and PREA Compliance manager and shift supervisor. Fourteen (14) random background clearance files including five (5) newly hired staff, three (3) staff that had been promoted and five (5) years employees that had been over five years tenure at the facility. Twelve (12) random resident’s records were reviewed. These records included the following information. • Identification Number • Identification Number Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA Education Five Supervisor and management random monthly PREA rounds logbooks entries were reviewed. Five random duty officer rounds documentation for weekdays, weekends, and nights were reviewed. The resident file and employee records were reviewed utilizing the updated PREA worksheet. There was one allegation of sexual abuse that was being investigated by East Jersey State Prison Special Investigative Division. The investigation is ongoing was not available for review. The case was closed on the last day of the audit and the Incident Review Team document was emailed to the auditor and was reviewed.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	1	0	1	0
Total	1	0	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>There were no investigation files available to review. There was on allegation of staff on resident sexual abuse that was being investigated by East Jersey State Prison SID that was ongoing during the audit.</p>
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<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files) </p>
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Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
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<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
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Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There was one allegation that was being investigated by the East Jersey State Prison SID. The investigation was closed on the last day of the audit. The facility sent an email saying it was determined to be unsubstantiated and provided a copy of the Incident Review Team meeting.

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p>Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p>Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Local Policy 2019-1 PREA Staffing and facility requirements

PREA Agency Organizational Chart
Facility Organizational Chart

115.211 (a): The agency and center policies outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy and practices provide a zero-tolerance for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the resident’s manual, and postings distributed throughout the center (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceeds the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance.

115.211 (b) Facility Requirements and company and facility organizational charts meet the requirements of this standard. GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts his 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 ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Tully House is located next to The Harbor and the two centers share resources. The PREA compliance managers reports to Tully House GEO senior coordinator (facility administrator) who reports to the facility director employed by Education and Health Centers of America (EHCA). She also provides PREA Compliance services for The Harbor. Both the GEO Group PREA Coordinator and facility’s Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was enthusiastic about PREA. The unit manager supervisors and classification supervisor provide support services to the PREA compliance manager. The center’s team meets on a continuous basis to review and update PREA concerns. During the audit the GEO Senior Area Manager, facility director, facility administrator, and EHCA executive staff were extremely helpful in answering questions, discussing systems, and working as a team to resolve any concerns.

The facility exceeds expectations through the collaborative measures that operations, therapist, unit managers, PREA compliance manager, facility administrator and facility director that make Tully House a sexual safe environment. The facility had developed best practices and utilities the tools that are available through PREA to foster a sexual safe culture for staff and residents. This includes the screening instrument, rescreening instrument, Videos that provide PREA orientation and training, and reviewing the standards on a regular basis to ensure all stakeholders are aware of the culture the facility has developed at the facility.

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.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Not Applicable for GEO facilities

The facility does not contract with other entities to house residents. A review of the documentation submitted substantiates that the New Jersey Department of Corrections requires the entities which they contract for the confinement of residents (residential reentry centers or "halfway houses") to adopt and comply with the PREA

standards. Compliance was determined by review of facility contract agreement and interviews with the GEO PREA coordinator.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Approved Facility Staffing Plan
Annual PREA Facility Assessment
PREA Unannounced Supervisor Round Log
Security Staff Schedule Sample
Facility diagram with cameras locations

115.213 (a): The GEO Group has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan.

115.213 (b): There were no deviations from the contractually approved staffing plan during the review period. The facility maintains the required staff-to-resident ratio at all times. In the event of staff vacancies, callouts or PTO requests, the facility will use overtime as needed to ensure all shifts are covered in accordance with staffing plan.

115.213 (c): GEO conducts an annual PREA facility assessment. PREA assessments for the last 3 years were reviewed by the auditor. In 2019 the facility upgraded its camera and monitoring coverage and in 2020 added additional cameras in the food service area. The present staffing plan is 73 with a contracting stipulation of there being one to forty staff always assigned at the facility. The staff available to provide direct care at the time of the audit was 53. Due to the lack of staff the facilities population which is contracted for 344 has been reduced to maintain the contract ratios. At the first day of the audit there were 82 residents assigned to the facility.

Compliance was determined by review of policies, documents and interviews with PREA compliance Manager and Facility Administrator.

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 the facility does not have female 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 the facility does not have female 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? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies 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 have procedures that enables 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Tully House Local Policy
 PREA Staff Training Curriculum (Pre-Service/In-Service)
 PREA Staff Training Acknowledgements
 Random Staff Training Files

115.215 (a): Based on review of GEO policy 5.1.2-A, and facility policy 2019-4, 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, however a transgender female may be housed at the facility, therefore this standard is applicable. GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender can not be examined to determine their genital status. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility administrator and PCM indicated that the facility would not restrict access due to a resident's gender.

115.215 (c): GEO policy 5.1.2-A, and facility policy 2019-4 mandate that all gross gender searches be documented. Based on interviews with PCM and facility administrator and PAQ there have been no cross gender searches at the 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. All showers and toilets had curtains that allowed privacy for residents to shower. There are signs located in the front of each housing unit reminding staff to announce their presence when entering a housing unit. A review of the showering areas confirmed there were privacy for residents to shower, use the toilet and dress in privacy.

115.215 (e): GEO policy 5.1.2-A, and facility policy 2019-4 clearly defines that transgender cannot be examined to determine their genital status. New Jersey Department of Corrections would determine the gender status of residents transferred to Tully House. Tully House does not have medical staff assigned to the facility. According to interviews with PCM and Facility Administrator the center would transport residents that claim to be transgender to the New Jersey host Medical facility to determine the resident's gender. The host facility is utilized for all medical and mental health needs for residents' houses at the facility. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility administrator and PCM indicated that the facility would not restrict access due to a resident's gender.

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 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.

Residents that were interviewed indicated they have not been searched by a female staff member. There are showers curtains around the showers. There are partition in the restrooms. Compliance was determined by interviews with residents, direct care staff and review of policies and practices.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-2 PREA Intake and Orientation
PREA Education Manual for Residents- English
PREA Education Manual for Residents- Spanish
PREA Education Manual for Residents- English (Large Print)
PREA Education Manual for Residents- Spanish (Large Print)
Photo of the Telecommunication Device for the Deaf (TDD)
Resident Reporting Options Posters (English/Spanish)
Language Line Contract
Statement of Fact (No resident interpreters)

115.216 (a): GEO and Tully House policies mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Through policy and practice, the facility staff ensures that residents with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. The PCM indicated that there were sign language services available in Newark New Jersey. The PREA manual is provided in English and Spanish in Large Print. An internet search confirmed there were several agencies that provided this service. It was recommended that the center contact these serviced to determine availability if needed. The facility unit manager's supervisor indicated that all orientation and comprehensive education is read to the residents, and they sign a statement acknowledging they understand the PREA program. She indicated that inmates with learning disabilities are provided the same training program, however all of the training programs at the center are individualized and learning disabled residents are provided training including reading documents. The job placement staff indicated she meets with prospective employees about provided job opportunities for all residents. The facility has a Language Line Contract.

115.216 (b): All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to residents when necessary. 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 resident's safety. All staff interviewed indicated they would utilize staff that were bilingual or the language line if staff were not available. There were no EPL residents at the facility during the audit.

115.216 (c): The facility administrator provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants during this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for these purposes. Interviews with first responders, medical, mental health and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions.

Compliance of this standard by review of policies, contracting agreement and interviews with intake staff, PREA compliance manager and facility administrator.

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 who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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)

- 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-1 PREA Staffing and facility requirements

New Hire Application (Sample)

GEO Background Check on New Hires

Referring Agency Background Check/Clearance

Annual Performance Evaluation & Disclosure

Promotion PAF & Disclosure

Five Year Background Check

Fourteen Background Random Background Checks for new hires, promotions, and five years tenured staff.

115.217 (a): All employees, contractors and volunteers have had criminal background checks completed prior to being employed by Tully House. The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer that may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with residents. The facility utilizes the New Jersey Department of Corrections to conduct background check on all applicants. Once the background is completed the clients notifies the center that background was cleared, and the person may be trained and assigned to the facility.

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. There is a questionnaire that all persons applying for a position or applying for a promotion must complete that ask if they have any incidents of sexual abuse or sexual harassment.

115.217 (c) The agency requires all applicants and employees who may have contact with residents have a criminal background check. 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 Accurate. From information provided on the Pre-Audit Questionnaire, in the past 12 months, six 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 no contractors or volunteers.

115.217 (e): Criminal background checks are conducted through NJDOC every five years for employees and volunteers. The facility provided several five year background checks and the auditor randomly requested background check on four (4) staff that had five year tenure at the facility.

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. This was verified by interviews with the administrative staff.

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.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA Staffing and facility requirements
PREA Annual Facility Assessment for last three years

115.218 (a): The facility has not made any major modifications in the last three years.

115.218 (b): The facility has an annual PREA assessment that includes needs for cameras and monitoring upgrades. The facility has a major upgrade in cameras and monitoring equipment during the last five years and added additional cameras based on the annual review. At the time of the audit the facility had a total of 91 cameras throughout the facility and perimeter. There are five DVR's and 24 convex mirrors.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
SAFE/SANE Provider Information
MOU SAVE of Essex County
Statement of Fact (No request for victim advocacy services)

115.221 (a): GEO policy 5.1.2-E, facility policy 2019-6, 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. The local police and or New Jersey Department of Corrections Special Investigative Division or responsible of conducting Criminal Investigations.

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". Compliance was determined by interview with New Jersey Department of Corrections investigator.

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 examination. Interviews with staff of the University Hospital confirm that they are members of the New Jersey Coalition of Sane nurses and have access to a SANE or SAFE nurse twenty four hour a day. The Hospital has a Sexual Abuse Response Team (SART) that includes medical and mental health staff, victim advocates, law enforcement, and legal assistance for victims of sexual abuse.

115.221 (d): Tully House has a MOU with SAVE of Essex County to provide a Victim Advocate to provide services including meeting with the sexual abuse's resident at University Hospital prior to a SANE examination. Interviews with the advocate services verified that the center is part of the University Hospital SART team and would respond at any time when notified by the center or the University Hospital.

115.221 (e): As requested by the victim, does the victim advocate accompanies and support the victim through the forensic medical examination process and investigatory interviews. The SAVE Essex County also provides emotional support to victims of sexual abuse or sexual harassment and provides a telephone number that resident can utilize to speed dial to talk to a victim advocate.

115.221 (f): According to facility policy 2019-6, and in interviews with the hospital all forensic evidence is provided to the local law enforcement for tagging and sending to New Jersey Crime Lab. 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 Police Department.

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, every resident knew how to access

information if needed. Inmates indicated that the center provides this information on an ongoing basis. Resident that are assigned to work release interviewed indicated that the center provided them this information prior to going out in the community in case they need to contact the victim advocate or emotional support staff. A call made during the tour of the facility was answered by a staff from the Rape Crisis Center. The staff asked if I wanted to report an allegation or did I want to talk to a confidential emotional support staff member.

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 the policy 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

5.1.2-E Investigating Allegations of Sexually Abusive Behavior

PREA Monthly Investigation Tracking Log

PREA Investigation Closure Email

OPR Referral

Referring Agency Mandate on Investigations/Reporting

GEO Website (Investigations)

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

115.222 (a): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. At Tully House NJDOC Special Investigative Division (SID) is notified of all allegations of sexual abuse and sexual harassment reported by EHCA. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there was one allegation of staff-on-inmate sexual abuse reported to NJDOC Special Investigative Division. The investigation was determined to be unsubstantiated. GEO policy also mandate that criminal or administrative investigation will be conducted on all allegations of sexual harassment will be investigated. There were no allegation of sexual harassment in the last audit cycle.

115.222 (b): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. 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 was one allegations of sexual abuse reported. 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): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior and GEO website provides the role and responsibility of staff in the investigative process. The center coordinated response also provides

the facilities duties in the investigative process. Staff carry PREA cards that outlined their duties in cases of a sexual abuse allegation at the center. All staff were aware of their duties.

The center does not have a certified investigator at this time. If the allegation is not criminal in nature and the client referred to GEO, the facility would coordinate with the senior regional manager to provide a GEO certified investigator. Compliance was determined by review of the policy and interviews with direct care staff, facility administrator, facility director and PREA compliance manager.

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 confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA staffing and Facility Requirements
PREA Staff Training Curriculum (In-Service/Pre-Service)
PREA Staff Training Acknowledgement

115.231 (a): All staff are provided an Employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- Residents and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment. Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Cross Gender & Pat Searches & Searches of Transgender and Intersex

Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. Yearly refresher training is required by all staff utilizing a Computer Based PREA training program.

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): Tully House Policy mandates that all employees, contractors, or volunteers receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to working with residents. PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies. According to the PAQ 53 staff, which is 100 % of their staff received training during the last 12 months.

115.231 (d): Tully Policy mandates that all employees shall document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received. The form shall be used to document Pre-Service and In-Service PREA training. Volunteers and Contractors shall receive annual refresher training and document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received.

The facility provided samples of staff training. The auditor requested 10 random training files that were reviewed. All files contained Pre Service and annual training.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA staffing and Facility Requirements
Sexually Abusive Behavior Prevention and Intervention Program
Volunteer/Contractor Training Curriculum
Statement of Fact

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, outline the requirements for PREA training for contractor and volunteer. This training includes their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.232 (b): 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. Specialized staff such as medical receive additional training specific to the medical training standard.

115.232 (c): All volunteer, and contractor files include background check and annual training acknowledgements.

At the present time the facility does not have any contractors or volunteers that have received the training and would be allowed to provide services at the facility. The facility administrator interviewed stated he had not been given approval by New Jersey to begin the volunteer program. However, he has a plan to start training off site in preparation beginning the program. Compliance was determined by review of policy, training curriculum and interviews with PREA compliance manager and facility administrator.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA staffing and Facility Requirements

PREA Resident Education Manual (English/Spanish)
Acknowledgement Receipt (Sample)
PREA Video Acknowledgement Receipt
PREA Resident Reporting Options Posters (English/Spanish)

115.233 (a): Based on GEO policy 5.1.2-A, and facility policy 2019-2 “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. Resident are asked to sign an acknowledgement statement while they are still in the intake area. The PREA Compliance Manager provides resident PREA education, residents are receiving PREA education within three to five days of arrival to the facility. On information reported on the Pre-Audit Questionnaire, there were 118 residents assigned to Tully House in the past 12 months and all residents assigned received PREA education. All resident interviewed indicated they saw a video when they first arrived at the facility and the PREA compliance manager went over the inmate PREA handbook. During this training the PREA compliance manager provided information of the victim support agency. Inmates again sign an acknowledgement that they received and understood the PREA training program.

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 no 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. The facility has access to sign language for translation if needed. The PREA compliance manager reads the PREA handbook and discusses each section of the handbook to ensure that all residents understand the importance of PREA at the center.

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. This same information is uploaded on the GEO Offender Management System.

115.233 (e): There are PREA posters located throughout the facility. The PREA compliance managers develops weekly PREA quizzes for residents about PREA. Resident interviewed indicated that almost every class they attend includes a PREA quiz. 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. This educational program, along with their use of the screening instrument has fostered a culture that provides a sexually safe environment for residents and staff.

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 receive 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Statement of Fact
NIC Training Curriculum

115.234 (a): GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There are no trained facility investigators at Tully House at this time. The PREA compliance manager provided a memo that detailed that Tully House currently has no staff trained in PREA Specialized Investigators. In the event of an administrative investigation, the facility administrator would coordinate with GEO Senior Regional Manager to assign an investigator to conduct a timely investigation.

115.234 (b): The GEO training program includes Specialized training of Investigators. This training includes techniques for interviewing sexual abuse victims, proper use of 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. Training for Investigating Sexual Abuse is conducted through GEO training staff and NIC training staff.

115.234 (c): The agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations on the GEO training data base.

Compliance was determined by reviewing training curriculum from other audits, interviews with a GEO certified auditor and interviews with PREA coordinator designee.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

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 does not employ medical staff or the medical staff employed by the agency 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Statement of fact

Tully House does not have any medical or mental health care practitioners on staff. In the event a residents need medical or mental health care they are referred to East Jersey State Prison for service.

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities provides that GEO center do not conduct any forensic exams. Victims are referred off site to hospitals which have SANE providers. In compliance with the requirements, the GEO Group has developed and implemented specialized training for mental health and medical staff. This training included basic PREA and additional specialized training for medical and mental health staff. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, as well as victim identification, interviewing, reporting and clinical interventions.

A review of the East Jersey State Prison PREA certification confirmed that East Jersey State Prison receive specialized training as required in this standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA Screening/Admission
Reentry Facility Screening Instrument
PREA Vulnerability Reassessment

115.241 (a): Tully House Policy 2019-1 PREA Screening/Admission requires that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another offender in Tully House or being sexually abusive towards another individual (staff or resident) in Tully House. Intake risk screening shall ordinarily take place within 24 hours of arrival at the facility. A designated intake coordinator or case management staff will conduct all screening of prospective residents. Persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment. A review of 10 resident files, interview with 20 residents, and interviews with the intake staff confirmed that all residents are assessed during intake and upon transfer for their risk of being sexually abused by another resident in Tully House. On information provided on the Pre Audit Questionnaire, in the past 12 months 117 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 within 48 hours 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 Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident.
- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the residents' criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes

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 115 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. The PREA compliance manager and unit manager discussed with the auditor the importance the center places on a thorough reassessment. They indicated that they can find more information from the residents during the reassessment to ensure his safety at the facility. Based on their use of the screening instrument it was determined that the facility exceeds this standard.

115.241 (h): 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. The unit manager supervisor indicated that any staff that has any concerns about the resident can request he be reassessed. A review of random files revealed that three (3) three of the residents were reassessed due to information received during their stay at the facility.

115.241 (i): Tully House Policy 2019-1 PREA Screening/Admission addresses this standard. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility. The Facility Administrator, PREA Compliance Manager and Program Counselors have access to screening information.

In interview with the program counselors, PREA compliance manager and Unit Manager Supervisor and in review of random resident files, the screening process is in place. Further the facility utilized the screening and reassessment as a tool to manage the safety of the resident at the facility. Based on review of this standard it was determined that his standard exceeds expectations.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-1 PREA Screening/Admission
Reentry Facility Screening Instrument
PREA Vulnerability Reassessment
Referral for Counseling
At-Risk Log
Transgender Preference Form

115.242 (a): Tully House Policy 2019-1 PREA Screening/Admission and interviews with the Unit Manager and Case Manager supervisor requires that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. At the time of the audit there was one resident on the out risk log. A review of the out risk logs for the last 6 months was reviewed and updated throughout the year. If additional information is received at the facility, the reassessment will be conducted and the unit manager, case manager, and PREA compliance manager will facilitate a change and utilize the information to modify the housing, bed, work, education and programming assignment.

115.242 (b): Tully House Policy 2019-1 PREA Screening/Admission and interviews with the Unit Manager and Case Manager supervisor requires that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. Each resident’s screening is utilized along with interviews with the residents for placement on an individual basis.

115.242 (c): The PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI.

115.242 (d): Housing and Programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual’s own views with respect to his/her own safety. The facility shall use the approved “GEO PREA Vulnerability Reassessment Questionnaire” to conduct the reassessment and six-month reassessment.

115.242 (e): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities mandates that all transgender or intersex residents will be allowed 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.

Interviews with the facility administrator, PREA compliance manager, unit manager supervisor, case managers and resident confirmed that the facility has fostered a culture that resident can discuss being bullied by other residents or feels unsafe in his present housing and the team will reassess and based on interviews with resident and monitors will reassign residents to ensure that safety. Based on these interviews it was determined that he facility exceeds the expectations of this standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Employee Reporting Options Poster
GEO Website (Staff Reporting Info)
Resident Reporting Options Poster
PREA Resident Education Manual (Resident Reporting Options)
MOU

115.251 (a): The facility provides provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. As stated in GEO policy 5.1.2-A, and facility policy 2019-6, 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, and on the Resident Reporting Options poster they can Inform any Staff Member Ms. Morgan, facility Administrator or Contact the PREA Compliance Manager.

115.251 (b): The resident population are provided information on reporting to multiple outside sources. These include:

NJ Coalition Against Sexual Assault {CASA} Hotline: 1-(800) 601-7200
DOC PREA Coordinator: 1-(800) 305-1811
RAINN National Hotline Network: 1-(800) 656-4673
SAVE OF ESSEX COUNTY

The auditor contacted Coalition Against Sexual Assault (NJCASA) Hotline: 1-(800) 601-7200, DOC PREA Coordinator (ombudsman): 1-(800) 305-1811 and SAVE of Essex County (SEC) utilizing the resident telephone system. The NYCASA answered the call immediately as did the SEC. The Ombudsman call was not answered in a timely manner. The Facility Director called the Ombudsman and was told that the phone system works, however there is only one person that answers the phone and it takes some time to get a call through to this number.

115.251 (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. When interviewed all staff indicated they would accept all call, verbal reports and third party reports and would document and immediately report to their supervisor. GEO training includes staff responsibilities to report all allegations of sexual abuse, sexual harassment, staff neglect, or retaliation for making a report.

115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). Third Party Reporting posters and 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.

Exceed Compliance was determined by testing the telephone system, interviews with residents, staff, unit managers, victim advocates, PREA compliance manager and facility administrator. The exceed is representative of the number of ways residents can make allegations of sexual abuse or sexual harassment.

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

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*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-5 Grievance Process
PREA Education Manual for Residents
PAQ

115.252 (a): GEO policy 5.1.2-A, Sexual Abuse Grievances section, and Tully House Policy 2019-5 Grievance Process provides a procedure 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 PREA Education Manual for Residents and PREA posters.

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 PREA Audit Report Page 46 of 81 Tully House 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 in GEO policy 5.1.2-A, and 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. There have been no disciplinary action due to filing a grievance in bad faith.

Compliance was determined by review of the policies, interview with the grievance staff, PREA compliance managers, residents, and presence of grievance forms and grievance boxes.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
 PREA Resident Education Manual (Resident Reporting Options)
 Resident Reporting Options Posters
 MOU

115.253 (a): GEO policy 5.1.2-A, and facility policy 2019-6, addresses the agency/facility's policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse. Resident posters provide telephone number and addresses to National, State and Local victim support groups. Resident telephone system allows resident to access these organization without providing a PIN number. The auditor was able to access the State and local numbers. The auditor interviewed staff from the victim support group that also provides a hotline for resident to contact the victim support group. There is also a hotline for resident to contact the NJ Coalition Against Sexual Assault. SAVE of Essex County is part of the State Coalition and serves the Newark area for emotional support.

115.253 (b): Residents are informed in 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. Staff at the SEC indicated they would make arrangements to talk to the residents in a private office by phone and would visit the facility to discuss victim emotional support if they are able to get clearance due to the pandemic.

115.253 (c): GEO has an MOU with SAVE of Essex County to provide emotional support service. The facility provided a copy of the MOU with SAVE of Essex County was contacted to confirm and reviewed the MOU with the auditor.

Compliance was determined by review of MOU and interviews with staff from SAVE of Essex County, residents, PREA compliance manager.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Third Party Reporting Procedures on GEO Public Website
Third Party Reporting Posters

115.254 (a) PREA Reporting Posters and GEO website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. GEO provides reporting system on GEO Website <https://www.geogroup.com/prea> provides information on ways for third party reporting including anonymous reporting. Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Reports can be made over the phone, in person, in writing or anonymously if desired. Persons can also contact the Corporate PREA Office directly (561) 999-5827. Compliance was confirmed by reviewing policies, posters, and GEO Website and by interviews with residents, PCM and the Facility Administrator.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Fifty State Survey of Vulnerable Persons Statutes

115.261 (a): GEO policy 5.1.2-A and facility policy 2019-6, mandates 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 they knew their reporting duties.

115.261 (b): By Policy and practice apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential.

115.261 (c): Tully House does not employ medical or mental health staff. Residents are transported to East New Jersey State Prison. According to the PREA audit at this facility, staff at this facility knew their duties to report.

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 Statue; therefore, this provision of this standard is not applicable to this facility. A memo for the record was provided by the PREA compliance manager to confirm this statement.

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. This information is also reported to the Facility Administrator, PREA Compliance Manager, the NJDOC and EHCA facility director.

Compliance was determined by review of Tully House policy and interviews with the direct care staff, shift supervisors, facility administrator, PREA compliance manager, and EHCA facility director.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Statement of Fact

115.262 (a): When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A. 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 regarding 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 the resident would be separated from the other resident or staff 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 agency head designee, he stated facilities must protect the potential victim from any harm.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Statement of Fact

115.263 (a): GEO policy 5.1.2-A, mandates that upon receiving an allegation that a resident was sexually abused while confined at another facility, the allegation will be documented and the Facility Administrator or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Administrator. In interview with the Facility Administrator and statement of fact in the past 12 months, no residents at Tully House alleged that sexual abuse had occurred while they were confined to another facility.

115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident.

115.263 (c): Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Administrator.

115.263 (d): The facility administrator or his designee would follow the same notification of an allegation reporting which includes PREA Compliance Manager, the NJDOC SID and EHCA facility director.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
PREA cards
Statement of Fact

115.264 (a): Tully House policies and directives establishes mandates for staff, volunteer, and contractor's role for inmate allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to security staff regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. 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.

Four random staff including administrative, program and support staff were interviewed. All persons interviewed had received PREA training and all responded they would tell the inmate to not destroy any evidence, would remain with the resident and notify the closest monitor. There have been no allegations of

sexual abuse or sexual harassment reported to non-correctional staff. Compliance was determined by review of the policy and interviews with security and non-security staff.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
PREA Coordinated Response Plan

115.265 (a): The facility Coordinated Response Plan includes responsibilities for staff and includes Actions Required After Report of Sexual Abuse; Initial Response; Facility Director will follow the below procedures: Facility Crime Scene; Notifications required when Sexual Abuse is alleged: Evidence Protocol; Responsibilities When Sexual Harassment is Alleged; Responsibilities When Sexual Activity is Alleged. 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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Collective Bargaining Agreement- DISTRICT 1199J, NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES, AFSCME, AFL-CIO

115.266 (a): Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA) states that if the suspect is a staff member, the staff member shall be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation. Compliance was determined by review of the policies and review of investigative report where staff member was placed on administrative leave pending an investigation. Tully House has a Collective Bargain with National

Union Of Hospital and Health Care Employees, AFSCME, AFL/CIO. The agreement provides the agency and facility the option to reassign staff, place on administrative leave pending investigations of sexual abuse.

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*)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Protection from Retaliation Log (Sample)
Statement of Fact

115.267 (a): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities and Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA) outlines monitoring for retaliation 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.

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 PREA compliance manager 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 which are documented in the Retaliation Log.

115.267 (e): The PREA compliance manager and facility administrator indicated that 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.

There have been no resident that required monitoring for retaliation during the last 12 months. The one resident that made an allegation of sexual abuse was administratively transferred by NJ DOC to another facility pending investigation. Compliance was determined by review of policies and interview with the facility administrator supervisor of operations, PREA compliance manager, agency head and PREA coordinator.

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)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)

Annual PREA Incident Tracking Log

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

115.271 (a): GEO policy 5.1.2-E, and facility policy 2019-6. Mandate that 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.

115.271 (b): The facility does not have trained investigators. GEO has agency-wide trained investigators who have completed specialized training in the investigation of sexual abuse allegations. When there is 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): Tully House staff would preserve the crime scene until a trained investigator arrived at the scene. 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. Based on the one allegation of sexual abuse it did not rise to the level of criminal and was determined to be unsubstantiated on February 14, 2022

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 staff-on-inmate sexual reported. The allegation was investigated by the East Jersey State Prison Special Investigations Unit and determined to be unsubstantiated.

115.271 (i): Based on Policy and Practice 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): Based on Policy and Practice 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 (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 Facility Director, he 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.

The one allegation of sexual abuse by staff involved a claim that staff looked over the shower curtain to look at a resident while he was naked. The investigation was conducted by the East New Jersey State Prison SID unit. It was determined to be unsubstantiated and close for administrative investigation during the last day of the audit. Compliance was determined by interviews with New Jersey Department of Corrections Special Investigative Division and PREA compliance manager.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
PREA Investigation Closure

115.272 (a): Based on GEO policy 5.1.2,-E, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance was determined by written policy and previous interviews with NJ DOC SID staff.

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 the agency's 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Notification of Outcome of Allegation
Memo for the record from Anthony Degner, Assistant Superintendent East Jersey State Prison
PREA (Reporting to Inmates)
Statement of Fact

115.273 (a): According to memo from East Jersey State Prison Assistant Superintendent “East Jersey State Prison (EJSP) is the parent institution to Tully House and as such is responsible for PREA related issues to include the reporting of the investigation outcome to the inmate. Once a Tully House inmate makes a PREA allegation and it is reported to EJSP the inmate will be transported. to EJSP and will be put through the PREA protocols, with the Special Investigations Division (SID) being notified by the Administrator or Designee. SID will investigate the claim and render an outcome. This information will then be forwarded to the institutional PREA Compliance Manager who will generate the NJDOC PREA Sexual Abuse Investigation Disposition Report. The Institution housing the inmate, at the time the disposition report is generated, will be responsible for issuing the report to the inmate. If the inmate is housed in a Halfway House. the inmate will be brought back to the institution and given the disposition report.

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.

Based on review of the PAQ and interviews with PREA compliance manager there have been no Notifications of Outcome of Allegations forms provided to any offenders. The one allegation was closed on February 14, 2022 and notification has not be sent to resident at the time of the audit. Based on memo from East Jersey State Prison, the prison will make notification to the resident.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Statement of Fact

115.276 (a): Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) And employee handbook provides information to all staff that employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse. Disciplinary sanctions for violations of agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be 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. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.

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 relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be 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.

115.276 (d): All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.

Based on review of the PAQ and statement of fact from the PREA compliance manager, there have been no adverse personnel action at the center for violation of any PREA standards or for violation of agency zero tolerance standard of any sexual activity with residents. A review of the investigation, interviews with the Human Resources staff and the facility administrator confirm compliance with this standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Statement of Fact (No allegations)

115.277 (a): Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) mandates that any Contractor or Volunteer who engages in Sexual Abuse or Sexual Harassment shall be prohibited from contact with Individuals in a GEO Facility or Program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Contractor or Volunteer, the facility shall notify the applicable GEO Contracting Authority who will take remedial measures and shall consider whether to prohibit further contact with Individuals in a GEO Facility of Program.

115.277 (b): In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by the Contractor or Volunteer, the facility shall notify the applicable GEO Contracting Authority who will take remedial measures and shall consider whether to prohibit further contact with Individuals in a GEO Facility of Program.

Based on review of the PAQ and statement of fact memo from the PREA compliance manager there have been no adverse action taken against contractor or volunteers due to violation of GEO policy of zero tolerance of sexual abuse or sexual harassment or having sexual activity with residents. At the time of the audit the facility to not employ or utilize contractors or volunteers.

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)

- If the agency prohibits all sexual activity between residents, 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)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)
Resident Program Handbook: Prohibited Acts
Statement of Fact (No Incident Reports)

115.278 (a): Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) establishes GEO Facility and Program Disciplinary Sanctions.

- a. Individuals in a GEO Facility or Program who are found guilty of engaging in Sexual Abuse involving other Individuals in a GEO Facility or Program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
- b. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
- c. The disciplinary process shall 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.
- 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.
- e. Disciplining an Individual in a GEO Facility or Program for sexual contact with an Employee is prohibited unless it is found that the Employee did not consent to the contact.
- f. A report of Sexual Abuse made in good faith by an Individual in a GEO Facility or Program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.
- g. Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.
- h. The PREA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.
- i. The incident shall be reported to law enforcement unless the activity was clearly not criminal.

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

115.278 (c): The disciplinary process shall 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): Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.

115.278 (f): A report of Sexual Abuse made in good faith by an Individual in a GEO Facility or Program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

115.278 (g): Facilities may not deem that Sexual Activity between Individuals in a GEO Facility or Program is Sexual Abuse unless it is determined that the activity was coerced.

Based on review of the PAQ and statement of fact from PREA compliance manager there have been no disciplinary action against residents for violation of the PREA standards or for sexual activity with staff, volunteers, or contractors. The PREA compliance manager and the unit manager supervisor interviewed indicated they review this standard with residents on an ongoing basis. Random staff interviewed indicated that inappropriate relationships with residents is part of the annual training and is also routinely part of the staff briefing and the PREA quizzes that are routinely developed by the PREA compliance manager. It was noted during the tour and during escorting residents for interviews, that there was a very professional and respectful communication with staff and residents.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

115.282 (a): 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. Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program mandate that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services Interviews with the shift supervisor and operations manager indicated that if there were a sexual assault, the facility would follow the coordinated response plan and transport the resident to University Hospital and notify East Jersey State Prison SID and the medical staff. This transport would be immediate. Follow up services would be conducted by East Jersey State Prison.

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 University Hospital, East Jersey State Prison medical staff and the victim advocate.

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. The University Hospital staff interviewed indicated that part of the SART program, residents would be tested for transmitted diseases and offered prophylaxis for transmitted infections.

115.282 (d): Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program mandate that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at no cost to the victim.

Based on the PAQ, investigative reports, and statement of fact provided by the PREA compliance manager, in the past 12 months there were no residents who required emergency medical or mental health services due to being victimized by sexual abuse. All random staff interviewed were aware of their duties of protecting the resident and notifying the shift supervisor. All shift supervisor indicated they would immediately notify the medical staff at University Hospital and East Jersey State Prison.

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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to*

know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
SAFE/SANE Provider Information
Statement of Fact

115.283 (a): According to GEO policy 5.1.2-A, and facility policy 2019-6, the facility or the NJ DOC would 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. The facility does not have a sex offender program or mental health staff. Resident who have history of victimization or offered treatment services through East Jersey State Prison.

115.283 (b): According to GEO policy 5.1.2-A, and facility policy 2019-6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release. The Rape Crisis Center is part of the New Jersey network of providers for sexual abused persons and would provide referral to any resident was a victim of sexual abuse or has a history of victimization if residents requested these services. Resident interviewed were aware of the SAVE of Essex County and several knew the center would continue to provide care Post incarceration.

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 Count. 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): University Hospital staff interviewed indicated that as part of the SART program protocol all victims of sexual abuse or offered testing for sexually transmitted infections during the SANE examination and emergency care.

115.283 (g): According to GEO policy 5.1.2-A and facility policy 2019-6, 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.

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)

Instructions for Overall Compliance Determination Narrative

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Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Tully House Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program

Case Closure Email

PREA After-Action Review Report

115.286 (a): GEO policy 5.1.2-A, and facility policy 2019-6, require facilities 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. During the onsite audit the facility received a closed report. The facility emailed a copy of the incident review within 14 days of receipt of the closed report from the cooperate office.

115.286 (c): The review team consists of the Facility Administrator, PREA Compliance Manager, the Supervisor of Operations, PREA compliance manager and Unit Manager Supervisor, 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. 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.

As stated above there had not been an incident review provided in the PAQ. There was a closure during the onsite audit that was determined to be unsubstantiated. The facility emailed a copy of the incident review report. The report contains all areas of this standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
PREA Annual Incident Report Log
GEO Annual Data Report

115.287 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collect 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. Tully House submits a monthly log and annual report as required by policy.

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. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Annual Data Report

115.288 (a): GEO 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. This information is provided in the annual report.

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.

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.

A review of the annual report for 2020 found that Tully house had one allegation of staff on resident sexual abuse that was unsubstantiated. The PREA compliance manager provided the monthly reports which collaborated the 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 GEO Annual Data Report

115.289 (a): GEO policy 5.1.2-A 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.

115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years:

Compliance was determined by review of annual report, corporate policy and interview with the Agency PREA Coordinator.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

GEO Corporate PREA Policy
PREA Certification Report

115.401 (a): GEO policy 5.1.2-C , require 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. The second audit was conducted in June 2019 by a DOJ Certified auditor. This audit, conducted three years after the second PREA audit, was conducted by a DOJ certified PREA auditor.

115.401 (b): According to GEO's PREA Coordinator and the annual PREA report, 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. During the last cycle many audits were scheduled, rescheduled and postponed due to the pandemic. However, each facility was audited during the last 3 year cycle. This is the third year of this cycle and all facilities and according to GEO coordinator all facilities are scheduled to be audited during this cycle.

115.401 (h): During the audit, I was allowed access to all areas of Tully House. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.

115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.

115.401 (m): I interviewed all staff on duty on the first and second shift and random sample of residents during the onsite audit. No resident declined to be interviewed and the facility did not prohibit me from interviewing residents selected for interview. Interviews were conducted in a private area of the facility.

115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on January 4, 2022.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. The reports from 2016 and 2019 were located on the GEO website and reviewed by the auditor.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

3/04/2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.