

PREA Facility Audit Report: Final

Name of Facility: The Harbor

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/14/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Jennifer Sheahan

Date of Signature: 09/14/2025

AUDITOR INFORMATION

Auditor name: Sheahan, Jennifer

Email: jsheahanprea@gmail.com

Start Date of On-Site Audit: 03/24/2025

End Date of On-Site Audit: 03/26/2025

FACILITY INFORMATION

Facility name: The Harbor

Facility physical address: 300 Frelinghuysen Avenue, Newark, New Jersey - 07114

Facility mailing address:

Primary Contact

Name:	Sherry Brooks
Email Address:	shebrooks@geogroup.com
Telephone Number:	973-297-1771

Facility Director	
Name:	Sharon Brooks
Email Address:	shbrooks@geogroup.com
Telephone Number:	973-297-1771

Facility PREA Compliance Manager	
Name:	Sherry Brooks
Email Address:	shebrooks@geogroup.com
Telephone Number:	973-297-1771

Facility Health Service Administrator On-Site	
Name:	Terry Melvin
Email Address:	tmelvin@geogroup.com
Telephone Number:	973-297-1771

Facility Characteristics	
Designed facility capacity:	224
Current population of facility:	166
Average daily population for the past 12 months:	159
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-65
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	65
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:	1

AGENCY INFORMATION	
Name of agency:	Education and Health Centers of America, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	3350 State Route 138, Building 2 Suite 222, Wall Township, New Jersey - 07719
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Manny Alvarez	Email Address:	manuel.alvarez@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
10	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.213 - Supervision and monitoring • 115.217 - Hiring and promotion decisions • 115.231 - Employee training • 115.233 - Resident education • 115.235 - Specialized training: Medical and mental health care • 115.241 - Screening for risk of victimization and abusiveness • 115.287 - Data collection • 115.288 - Data review for corrective action

	• 115.289 - Data storage, publication, and destruction
Number of standards met:	
31	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-24
2. End date of the onsite portion of the audit:	2025-03-26

Outreach

10. 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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SAVE of Essex County: They provide forensic medical exams by the activation of a Sexual Assault Response Team (SART), which includes a SANE and an advocate. They also provide a hotline for outside confidential support services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	224
15. Average daily population for the past 12 months:	159
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	135
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. 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):	The Harbor is a residential community release program under contract with the NJ Department of Corrections. It serves as an assessment center. Incarcerated persons (IP) assigned to the facility are provided with programs, assessments and other services to determine an appropriate work release program for them to be transferred to upon completion of the program. There were no self-identified LGBTI IPs and none with disabilities. Although some IPs spoke Spanish, they also understood English. The population is diverse, including African American, Hispanic and Caucasian. All IPs were respectful in their communication with the audit and The Harbor staff. Most IPs expressed the desire to be in the program and the motivation to make changes in their thinking and lifestyle.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	65
37. 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:	2
38. 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

39. 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:	The Harbor staff appear to be committed to the success of the incarcerated persons assigned to the program. There are licensed mental health and counselors to address a variety of issues including substance abuse and mental health issues. The staff is diverse and reflective of the population they serve. The Harbor employs male and female staff. There were two volunteers; one religious and one from Alcoholics Anonymous.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Harbor provided a list of all IPs assigned to the facility. I chose male IPs from all housing units and of varying length of time in the program. I considered ethnicity to ensure I spoke to IPs who may be LEP. There were no IPs who only spoke Spanish or another language other than English. There were no self-identified LGBTI IPs and no IPs who reported sexual abuse (at the facility, in confinement or in the community). There were no disabled IPs.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. 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):	Interviews with IPs were conducted using the interview protocols. They were conducted in private. No IPs sent confidential correspondence.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
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. 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. If a particular targeted population is not applicable in the audited facility, enter "0".	

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	IPs assigned to the facility must be able to fully participate in all program related activities. No IPs with physical disabilities were observed during the audit. Interviews with the PCM and program staff confirmed there were no IPs with physical disabilities assigned to the program.
48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. 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).	Interviews with the facility head, PCM and program staff confirmed there were no IPs with cognitive or functional disabilities.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	IPs assigned to the facility must be able to fully participate in all program related activities. No IPs who are blind/low vision were observed during the audit. Interviews with the PCM and program staff confirmed there were no IPs with who are blind/low vision assigned to the program.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. 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).	IPs assigned to the facility must be able to fully participate in all program related activities. No IPs who are deaf/hard of hearing were observed during the audit. Interviews with the PCM and program staff confirmed there were no IPs with who are deaf/hard of hearing assigned to the program.
51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	Interviews with IPs confirmed there were no IPs who did not speak and understand English. IPs who also spoke Spanish were asked if they needed a translator and they declined.
52. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	No IPs who self-identified as lesbian, gay, or bisexual were assigned to the program. Interviews with the PCM and program staff confirmed there were no IPs with who self-identified as lesbian, gay, or bisexual were assigned to the program. A review of the PREA risk assessment and reassessment in random IP charts confirmed no IPs self-identified as lesbian, gay, or bisexual.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	No IPs who self-identified as transgender or intersex were assigned to the program. Interviews with the PCM and program staff confirmed there were no IPs with who self-identified as transgender or intersex were assigned to the program. A review of the PREA risk assessment and reassessment in random IP charts confirmed no IPs self-identified as transgender or intersex.

54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	There were no IPs who reported sexual abuse at The Harbor. There was one sexual abuse allegation during the audit period. The IP was not assigned to The Harbor during the audit. Interviews with NJ DOC investigation supervisor, the facility head and the PCM confirmed there were no IPs who reported sexual abuse at The Harbor assigned to the facility.
55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. 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).	There were no IPs who disclosed prior sexual abuse at The Harbor. Interviews with the facility head, the PCM and program staff confirmed there were no IPs who disclosed prior sexual abuse at The Harbor assigned to the facility. A review of the PREA risk assessment and reassessment in random IP charts confirmed no IPs who disclosed prior sexual abuse.
56. 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 Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. 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).	The Harbor does not have the capacity to place IPs in involuntary segregation or involuntary protective custody. During the site review, no area where IPs could be placed in involuntary segregation or involuntary protective custody was observed. Interviews with the facility head and PCM confirmed The Harbor does not house IPs in involuntary segregation or involuntary protective custody.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Six IPs refused to be interviewed. The auditor explained to the IPs the purpose of the interview and they declined.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	10
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All staff randomly chosen for interview arrived on time and were prepared to answer the protocol questions. Staff from all shifts and in all positions were selected.

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 information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
63. Were you able to interview the Agency Head?	☒ Yes ☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☒ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no contractors. Some staff interviewed held multiple duties. All specialized staff arrived to the interview ready to discuss their specialized responsibilities under PREA.

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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the site review, all areas of the facility were observed, including staff offices, program and recreation areas, housing units, bedrooms, control area, entrance/exits, medical/mental health unit, and conference rooms. Informal conversations with staff and IPs were conducted. IPs were able to produce written PREA information provided to them. IPs appeared to know what hotline numbers they could call to report an allegation of sexual abuse or sexual harassment and for confidential emotional support services. Female staff were observed making opposite gender announcements. Staff were able to discuss their first responder duties and pat search procedures. The reporting and confidential emotional support hotlines were tested and connected to the proper agency. The risk screening process was discussed with case management staff. Interpretation services postings were observed in the case management offices, medical/mental health area and control area.
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.	
77. 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
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	On-site requested documentation included unannounced rounds forms, staff/volunteer/contractor HR and training documents, including background checks, IP initial PREA Risk Assessment and reassessment, IP education acknowledgements, mental health referrals and follow up appointments, and training curriculums. All documents were provided in a timely manner.

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.

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

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

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

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

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	0	0	0	0

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.

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

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

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

There was one sexual abuse allegation during the audit period. NJ DOC is responsible for conducting investigations and maintaining the investigation files. The investigation on-going.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations during the audit period. NJ DOC is responsible for conducting investigations and maintaining the investigation files.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	NJ DOC Special Investigations Division (SID) is responsible for conducting sexual abuse allegations at The Harbor. NJ DOC SID is responsible for maintaining the investigation files and referring allegations for criminal review and potential prosecution. An interview with NJ DOC SID staff confirmed NJ DOC SID responsibility to conduct sexual abuse and sexual harassment allegations at The Harbor.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? 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.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? 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.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the Online Audit System (OAS) was conducted. Information from telephonic and on-site interviews was also relied upon to determine compliance with Standard 115.211. The Harbor submitted its agency "Zero Tolerance Policy Towards Sexual Abuse and Harassment (5.1.2)" for review. The Harbor submitted its facility policy "PREA Staffing and Facility Requirements (2024-1)" for review. It was concluded that these policies contained the required language to align with the elements of the standard. Interviews with the agency PREA Coordinator and the facility PREA Compliance Manager (PCM) were conducted. The PREA Coordinator reports to the Executive Vice President of Contract Administration and Compliance. He reported he has sufficient time and authority to address PREA compliance issues as they are identified. The agency conducts internal audits annually, as well as PREA mock audits when needed. The GEO corporate PREA team consists of four PREA managers, one PREA compliance specialist, and two project managers. The PREA

	Coordinator explained he has the support of the agency head to effectively engage in his role as PREA Coordinator. Although it is not required by the standard, The Harbor has a PCM on site. They report directly to the facility head and their assigned corporate PREA manager. An interview with The Harbor's PCM indicated she had sufficient time and authority to fulfill her duties as PCM. She stated she has the full support of the facility leadership and receives guidance from the corporate PREA team regularly. The agency and facility organizational charts were reviewed and determined the PREA Coordinator and PCM's have appropriate reporting lines to fulfill their duties. The Harbor exceeds compliance with this standard.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Harbor does not contract with other agencies to confine residents on their behalf. The Harbor has a contract with the New Jersey Department of Corrections (NJ DOC) to house its incarcerated persons. NJ DOC requires The Harbor to comply with the PREA Standards through regular contract monitoring and site reviews. The Harbor complies with this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.213. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)." The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor submitted its NJ DOC approved staffing plan which ensures adequate staffing levels to protect incarcerated persons from sexual abuse. The staffing plan

	provides for security staff as well as case managers, facility leadership, administrative support, kitchen, medical and mental health staff. The Harbor submitted its annual facility assessments that contain all the components which need consideration when identifying staff needs. The Harbor stated they do not deviate from the staffing plan. When callouts and time off occur, The Harbor facility head ensures shift coverage through voluntary and mandatory overtime. If needed, programming may be adjusted. Several staff schedules was also provided for review. During the site review, security staff were observed in the housing units, hallways, group, and recreation areas. Although not required by the standard, The Harbor supervisory staff conduct and document unannounced rounds once per shift. Unannounced rounds forms were submitted pre-audit and additional unannounced rounds forms were reviewed in the control area. Staff are prohibited from alerting each other that unannounced rounds are being conducted. Additionally, while on-site, the facility head, PCM and four supervisory staff were interviewed. The facility head and PCM confirmed they comply with the staffing plan mostly through voluntary and mandatory overtime. Shift supervisors discussed the unannounced rounds practice and were able to articulate what they look for when conducting unannounced rounds. The facility head indicated there would be corrective action for staff who alert other staff unannounced rounds are in progress. Fourteen incarcerated persons were interviewed and confirmed they regularly see security staff and supervisory staff "touring" the facility. All incarcerated persons interviewed indicated they feel safe at The Harbor. Lastly, The Harbor has 58 cameras. All cameras are operational and monitored from several areas in the facility. The facility head and security staff in the control area monitor the cameras. Security staff monitor cameras in the control area on all shifts. The facility also employs security mirrors to enhance staffs ability to prevent and detect sexual abuse. The Harbor exceeds compliance with this standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.215. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Resident

Searches, Viewing and Contraband (2024-4)". It was concluded these policies contained the necessary language to comply with all the elements of the standard.

The Harbor is an all-male community release assessment center. There are no opposite gender strip and body cavity or pat search of female incarcerated persons (IP) logs because The Harbor does not conduct these types of searches. While on-site, fourteen IPs were randomly selected and interviewed. There were no IPs who identified as lesbian, gay, bisexual, transgender or intersex at the time of the on-site audit. Each IP stated they are pat searched by same gender staff. Staff training on proper pat search procedures was verified in staff training documents. The facility has a dedicated pat search area with two partitioned pat search stalls. This area is not monitored by cameras. All IPs returning to the facility from an outside trip must be pat searched before being allowed into the facility.

Twenty facility staff, including ten random staff, four specialized and four supervisory staff as well as the PCM and facility head were interviewed. They were consistent with their answers that female staff are prohibited from pat searching male IPs outside of exigent circumstances. The facility does not conduct strip and body cavity searches. All staff indicated transgender IPs would be provided the opportunity to state their pronoun and search preference. All staff interviewed were able to articulate they use "the back of the blade of the hand" to pat search an IPs groin area. Female staff receive this training even though they are not permitted to pat search male IPs. Interviews with staff confirmed they are aware they are not permitted to search a transgender IP for the sole purpose of determining their genital status.

An extensive site review was conducted in all areas of the facility. During the site review, appropriate privacy was provided for IPs to use the bathroom, shower and change their clothes without being seen by opposite gender, non-medical staff. PREA shower curtains were in all showers, and the toilets were covered by half doors. Urinals were blocked from view by a partition. Privacy barriers were in good condition. All IPs interviewed stated they had adequate privacy to use the bathroom, shower, and change their clothes without being seen by opposite gender, non-medical staff.

Opposite gender staff are required to announce their presence in IP housing units. During the site review, opposite gender staff were announced at the housing unit entrance and at the entrance to each bedroom entered. Opposite gender announcements were observed as being loud enough for IPs to hear it. All IPs interviewed stated all female staff who enter the housing units announce themselves at the housing unit entrance and at the bedroom door. All IPs stated female staff do not enter the bathrooms on the housing units. All staff interviewed confirmed opposite gender staff announce themselves on the housing unit and that female staff do not enter bathrooms on the housing units.

The Harbor is compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.216. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Intake and Orientation (2024-2)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. PREA orientation and education informational materials are provided in English and Spanish. This includes PREA posters in housing units, IP handbooks and PREA pamphlets. The Harbor has two staff who are primarily relied upon to translate information into Spanish. When they are not available, the IP requests it or speaks another language, The Harbor has a contract with Big Language for interpretation services. PREA materials are also available in large print. The PCM was interviewed on-site. She discussed the Big Language procedure and produced information provided to the staff on how to access interpretation services. This information was observed in program staff offices and in the control area. Big Language was contacted and provided The Harbor's account number. The representative confirmed The Harbor has an active contract with them for interpretation services. PREA posters around the facility were in English and Spanish. The PREA IP education was reviewed in English, Spanish, closed captions and ASL (for the hearing impaired). One intake staff, and two program staff they can read the PREA education materials to IPs who could not read or were blind/low vision. Ten random staff interviewed reports inmate interpreters are prohibited for PREA allegations. There were no IPs who exclusively spoke another language other than English; however, two IPs who spoke Spanish (bi-lingual) were interviewed and stated PREA information, including IP handbooks, were available in Spanish. There were no IPs who were blind/low vision, deaf/hard of hearing, or who had intellectual, mental or other disability. The Harbor does not allow for the use in IP interpreters for PREA-related allegations, absent immediate safety concerns and completion of first responder duties. The Harbor is compliant with the standard.

115.217	Hiring and promotion decisions
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.217.

The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard.

While on site, the Human Resource (HR) manager was interviewed. She is responsible for staff, contractor and volunteer background checks, new hire and promotion documentation. Background checks include motor vehicle, state and NCIC.

Potential employees must answer PREA-related questions (a 1-3) about past sexual misconduct/convictions on the initial job application. New hire employees receive an agency and NJ DOC background check. All employees seeking a promotion must be background checked at the time of application. In addition, they must answer the PREA-related questions about past sexual misconduct/convictions. All staff and contractors are subject to a background check at least every five years.

Twenty-two staff HR files (11 5+/-8 new hire/3 promotions) and two contractors were randomly selected for review. Employees selected were of varying position and years of service. All HR files reviewed contained the required documentation, including answers to the PREA-related questions about sexual misconduct/convictions (new hire/promotions) and initial and five-year background checks. The HR manager discussed her process for on-boarding new employees, conducting updated background checks on existing and promoted staff. She discussed her communication with NJ DOC to ensure all background check information is submitted by the prospective employee. The HR manager stated no employee begins employment without a background clearance from NJ DOC. The HR files contained the appropriate releases of information as well as the NJ DOC approval. Contractors are subject to the same requirements as The Harbor staff. Any staff or contractor who reports they worked in a confinement facility receive a "PREA check". This check includes contacting prior employers to determine if the prospective employee had a substantiated PREA allegation against them or resigned during the course of a PREA investigation. The agency provides this information to other confinement employers who are considering hiring a former The Harbor employee.

Although it is not required by the standard, all volunteers receive a background check through NJ DOC. NJ DOC vets all volunteers and shares with The Harbor if a volunteer is approved to enter the facility to provide services. NJ DOC conducts annual background checks on volunteers. Volunteers who do not re-certify or do not

	pass the background check are prohibited from entering the facility. Staff are required to answer the PREA-related questions about past sexual misconduct/convictions on performance evaluations. Staff have an affirmative duty report all law enforcement involvement immediately. Lastly, material omissions by employees, contractors and volunteers regarding sexual misconduct, or who provide materially false information is grounds for termination of employment. The Harbor exceeds compliance with this standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.218. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard 115.218. The Harbor conducts an Annual PREA Facility Assessment that is reviewed by agency and facility leadership. There were no significant facility enhancements or modifications during the audit period. There were no significant video monitoring upgrades during the audit period. An interview with PCM confirmed there were no significant facility enhancements, modifications or video monitoring upgrades during the audit period. The PCM stated she would be part of meetings if enhancements or upgrades were being considered. An interview with the facility head confirmed he would consider, at a minimum, blind spots, sight lines and privacy if upgrades or enhancements were being considered. He stated he would involve the PCM in all meeting where facility upgrades or enhancements were being discussed. The Harbor is compliant with this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.221. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E)". The Harbor also provided facility policy "Sexual Abuse Behavior Prevention and Intervention Program (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has a Memorandum of Understanding (MOU) with SAVE of Essex County victim advocacy, crisis intervention and forensic exams. The MOU is dated 8/19/2024. Forensic exams are conducted by a SAFE/SANE through the activation of the Sexual Abuse Response Team (SART) and in conjunction with a local hospital and NJ DOC investigators. Forensic medical exams are offered to IP victims of sexual abuse within 120 hours. SAVE of Essex County was contacted and the representative confirmed an MOU is in place with The Harbor to provide confidential emotional support services, victim advocates, and SAFE/SANE providers. SAVE of Essex County also operates a hotline that IPs can call to receive confidential support services for any sexual abuse experienced (whether in the community or in confinement). During the site review, posters with SAVE of Essex County's hotline were observed in housing unit common areas, IP bedrooms, and facility common areas. IPs are provided with SAVE of Essex County's information at intake. Access to the hotline was tested and SAVE of Essex County was reached. Specialized medical and mental health staff were interviewed on-site. They confirmed if an IP returns to the facility after a forensic exam, medical and mental health services are provided in accordance with the hospital discharge summary. A random selection of IPs were interviewed. Although most of them did not know the exact services provided by SAVE of Essex County, they did know that they provide services specific to sexual abuse and how to contact them. A random selection of security staff were interviewed and they were able to articulate their duties to report all sexual abuse and sexual harassment and preserve evidence. The Harbor does not conduct sexual abuse or sexual harassment investigations. NJ DOC's Special Investigations Division (SID) is responsible for all sexual abuse and sexual harassment allegations made at The Harbor. The Harbor did not have any allegations of sexual abuse where a forensic exam was conducted. The Harbor is compliant with the standard.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.222. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E)". The Harbor also provided facility policy "Sexual Abuse Behavior Prevention and Intervention Program (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. NJ DOC SID is responsible for investigating all allegations of sexual abuse and sexual harassment at The Harbor. All sexual abuse and sexual harassment allegations are investigated. The Harbor accepts and refers for investigation all verbal, written, third party and anonymous reports of sexual abuse and sexual harassment. The GEO Group's website was reviewed and it was verified the investigation policy is posted on The GEO Group's website. The NJ DOC SID Deputy Chief Investigator was interviewed via Teams. She confirmed NJ DOC SID is responsible for investigating sexual abuse and sexual harassment allegations. She discussed the process for notifying The Harbor of the outcome of an investigation. She discussed NJ DOC SID's arrest authority and the process for referring sexual abuse and sexual harassment allegations to local county prosecutors. Lastly, she described The Harbor as cooperative with NJ DOC SID investigators when a sexual abuse or sexual harassment allegation is made. The Harbor had one sexual abuse allegation open at the time of the audit. The Harbor provided its PREA tracking log. The PCM was interviewed and stated she keeps the tracking log so she can follow up with NJ DOC SID on the status of their investigation. She also uses it to compile sexual abuse and sexual harassment data. The Harbor is compliant with the standard.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to

	determine compliance with standard 115.231. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor provided the PREA staff training curriculum for review. The PREA staff training curriculum is developed, revised and approved by the PREA Coordinator. It was determined the PREA staff training curriculum contained the following: zero tolerance; reporting responsibilities; staff and IP right to be free from sexual abuse and retaliation; dynamics of and common reactions to sexual abuse in confinement; how to detect threatened or actual sexual abuse; avoiding inappropriate relationships with IP's; effective communication with IPs in general and LGBTI IPs specifically; and, compliance with mandatory reporting laws. PREA Training Acknowledgements were provided for review. PREA Training Acknowledgements indicate staff received and understood the PREA information. An interview with a corporate PREA manager confirmed the PREA training curriculum is reviewed and revised as needed and approved by the PREA Coordinator. Training records for 18 The Harbor staff of varying positions and lengths of service were randomly selected for review. She provided the staff training transcripts and it was confirmed staff receive PREA training prior having contact with IPs and annual PREA refresher training. Interviews with the PCM and facility head confirmed PREA training is required before staff can have contact with the IPs. They stated PREA information is regularly reviewed at staff meetings, shift briefing, and department head meetings. PREA training is provided in-person and on-line. Interviews with 18 staff confirmed staff are knowledgeable of and understand the required components of the standard (a 1-10). Staff interviewed stated they receive PREA training prior to having contact with IPs and annually. They stated they also get PREA information at regular intervals from supervisory staff. Lastly, staff stated PREA information is readily available throughout the facility. The Harbor exceeds compliance with this standard.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to

	determine compliance with standard 115.232. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. Contractors and volunteers receive PREA Training consistent with the type and amount of contact they may have with IPs. At a minimum, they are provided with information on The Harbor's zero tolerance policy and the consequences for violating it. They are also informed of their responsibility to immediately report to The Harbor staff any knowledge, information, or suspicion of sexual abuse and sexual harassment. The contractor and volunteer Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training was provided. It was determined the PREA training contained considerably more PREA information than required. Additional information included dynamics of and common reactions to sexual abuse, effective communication with all IP's and LGBTI IPs. and ways to avoid inappropriate relationships with IPs. One religious volunteer's training records were reviewed and it was determined they received PREA training annually. The volunteer was interviewed by telephone and confirmed he knew his responsibility to report allegations of sexual abuse. Interviews with the facility head and PCM confirmed contractors and volunteers receive PREA training at The Harbor before having contact with IPs. They also explained NJ DOC also provides volunteers with orientation and PREA training before clearing them to come to The Harbor. The Harbor exceeds compliance with this standard.
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.233. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Intake and Orientation (2024-2)". It was concluded these policies contained the necessary language to comply with all the elements of the standard.

	The Harbor provided the IP PREA documents, including the PREA Education Manual for Residents in English and Spanish. A review of The PREA Education Manual for Residents verified it contains the following PREA information: zero tolerance; how to report incidents or suspicions of sexual abuse or sexual harassment; right to be free from retaliation; and, the facility policy and procedure for responding to incidents. It contains additional information such as IP safety measures to avoid sexual abuse and sexual harassment, pat search information, definitions and examples of sexual abuse, grievance procedures, and several hotline numbers for reporting allegations or obtaining confidential support services. The facility has two Spanish speaking staff who are relied upon to translate for IPs. The facility staff has access to Big Language for translations services for IPs who request it, or speak other languages. PREA information is printed in large print. An interview with one staff responsible for IP intake confirmed she provides written PREA information at intake. This information is provided through IP handbooks and The PREA Education Manual for Residents in English and Spanish. She stated she read the PREA information to IPs who have difficulty reading. The facility policy states intake staff have 24 hours to provide the PREA information; however, the staff interviewed stated she provides the PREA information to the IP with their "Intake Packet". The intake staff interviewed stated she shows the IPs the a video titled "PREA-What You Need to Know" as a structured and monitored activity. The video was viewed and it is in English and Spanish with subtitles and ASL interpretation. She stated she is available during the intake process for IPs to ask questions about the PREA information. She stated case managers are also available to discuss the PREA information with IPs privately if needed. The Harbor provided two IP receipts for PREA information: Acknowledgement of the Receipt of PREA Education Manual and Acknowledgement of Required Training. All IP forms provided confirmed the PREA information was provided within the policy timeframes. Sixteen IPs were formally interviewed about the PREA education and orientation they received. All IPs recalled receiving PREA information manual at intake and watching a "PREA video". All IPs knew how to access the PREA reporting line and outside confidential support services. During the site review, seven IPs were informally asked about the PREA information they received. Six of seven were able to produce an IP handbook and PREA Education Manual for Residents. All of the IPs informally interviewed recalled receiving PREA information at intake. Lastly, during the site review, PREA posters were observed throughout the facility in English and Spanish. They were in good condition. The information was current. The Harbor exceeds compliance with this standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.234. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". It was concluded this policy contained the necessary language to comply with all the elements of the standard. The Harbor provided the PREA Specialized Investigations Training curriculum. It was reviewed and contains the required elements of the standard (b). The Harbor does not conduct sexual abuse or sexual harassment investigations. NJ DOC SID is responsible for conducting sexual abuse and sexual harassment investigations. One corporate PREA manager's PREA Specialized Investigations Training certificate was provided. The Harbor is compliant with the standard.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.235. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". It was concluded this policy contained the necessary language to comply with all the elements of the standard. The Harbor provided the PREA Specialized Medical and Mental Health training curriculum was provided and reviewed. It was determined to meet the elements of the standard (a 1-4). The PREA Specialized Medical and Mental Health training curriculum is developed, reviewed and approved by the corporate medical team and the PREA Coordinator. It is revised as needed . The Harbor medical staff do not conduct forensic medical exams.

	An interview with the Health Services Manager confirmed all medical and mental health staff receive the general staff PREA training under 115.231, prior to having contact with IPs. They stated medical and mental health staff must complete the PREA Specialized Medical and Mental Health during the pre-service training period. The Harbor provided training transcripts and PREA Basic Training Acknowledgements for medical and mental staff for review. It was confirmed The Harbor medical and mental health staff complete both trainings and sign they understood the trainings. Interviews with four medical and mental health staff confirmed they are knowledgeable of the facility PREA practices and their responsibilities to preserve potential forensic evidence when providing immediate medical care. They all reported they receive annual PREA training and PREA information is reviewed and discussed in department staff meeting. PREA information was available in the medical and mental health treatment and waiting areas. The Harbor exceeds compliance with this standard.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.241. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Screening/Admission (2024-3)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The PREA Risk Assessment and PREA Vulnerability Reassessment Questionnaire were reviewed. The PREA Risk Assessment includes all the required elements of the standard (d 1-9 and e). The PREA risk assessment has a score threshold to determine who is at risk for victimization or abusiveness. The PREA Vulnerability Reassessment Questionnaire addresses PREA-related issues that can change over time, such as the IPs continued thoughts about safety in the general population, and if they have been approached for, threatened or beaten up as a result of sexually abusive contact or requests. IPs are must be PREA risk assessed within 72 hours of arrival; they must receive a PREA risk assessment within 30 days of intake. Two case managers were interviewed related to their PREA Risk Assessment and

	Reassessment responsibilities. They reported the initial PREA Risk Assessment is conducted at intake. The case managers stated IPs are PREA risk assessed prior to being assigned a housing unit. The case managers indicated they conduct PREA reassessments between 25-30 days and in conjunction with the IPs classification meeting. The case managers were asked to outline their process of conducting the PREA risk assessments. They both reported they discuss the importance of answering the questions honestly and inform newly admitted IPs The Harbor values their sexual safety. The case managers stated they ask all the questions in order in a private area. The case managers stated they score the PREA risk assessment and inform the PCM when IPs score at risk for victimization or abusiveness. The case managers discussed the process for reassessment. The case managers provide a mental health referral to all IPs who score at-risk for victimization or abusiveness. IPs may refuse the referral, but those who accept it are provided with a mental health evaluation within 14 days. Sixteen IPs were randomly selected and interviewed and they all recalled being asked PREA-related questions on the time of intake. Four IPs were not eligible for PREA reassessment at the time of the audit. Twelve remembered their case manager asking follow up PREA questions. A review of their PREA risk assessments at intake confirmed they were conducted on their arrival day. All IPs eligible for a PREA reassessment had one completed within 30 days. The facility has controls in place for only staff who need to know are informed of an IP's at-risk status. Staff with access to the at-risk information are the facility head, PCM, case manager and shift supervisors. The Harbor exceeds compliance with this standard.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.242. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Screening/Admission (2024-3)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor provided PREA Risk Assessments and its at-risk log for review. Interviews with the case manager and classification staff indicated an IPs risk level for victimization and abusiveness is considered in making bed, housing, school, work

	and other programming decisions for IPs with the goal of keeping IPs at risk for victimization separated from IPs at risk for abusiveness. The at risk log confirmed IPs at risk for victimization are not housed with IPs for abusiveness. Interviews with the facility head, PCM and shift supervisors stated the at-risk log is consulted prior to making housing and bed decisions in order to keep potential victims and potential abusers separate. They confirmed frontline security staff cannot make housing and bed moves with the approval of a supervisor. Interviews with the classification verified they consult the at risk log prior to assigning an IP to work, school, and other programming. The at-risk information is controlled and is available on a need to know basis. An interview with the PCM confirmed The Harbor does not use involuntary protective custody or segregation for IPs who score at risk of victimization. The PCM stated there is a process to assess transgender IP's. A Transgender Care Committee is assembled to address the safety, medical, mental health and other issues of transgender IPs when they are assigned to The Harbor. There are policies and practices in place to allow transgender IPs to state their pronoun and search preference. Transgender IPs would be allowed to shower separately. No transgender IPs were assigned to The Harbor during the audit period. Interviews with 18 staff confirmed they are aware of the policies and practices in place for transgender IPs. The staff stated they receive training on effective communication with transgender IPs as well as other information related to LGBTI IPs. The Harbor does not have a dedicated LGBTI housing unit. There were no IPs who identified as LGBTI in the facility at the time of the audit. The Harbor is compliant with the standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.251. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Intake and Orientation (2024-2)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor provides multiple way for IPs to report allegations of sexual abuse and

sexual harassment, retaliation for reporting allegations and staff misconduct that may have contributed to an incident of sexual abuse or sexual harassment, including verbally, in writing, anonymous, third party, and via reporting hotlines. IPs may report verbally or in writing to any staff, contractor, or volunteer. IPs can report an allegation directly to the NJ DOC PREA Coordinator. The Office of the Corrections Ombudsperson serves as the external reporting line for IPs to report an allegation of sexual abuse or sexual harassment. IPs are informed at intake and during PREA orientation of the reporting mechanisms. The reporting information is provided to IPs in handbooks, the PREA Education Manual for Residents, and PREA postings throughout the facility. All PREA materials are available in English and Spanish.

During the site review, the PREA reporting hotline to the Office of the Corrections Ombudsperson was tested and the call was connected. The representative confirmed IPs at The Harbor can file an allegation of sexual abuse or sexual harassment with their office and that the report is immediately forwarded to NJ DOC SID. PREA signage was posted throughout the facility, including housing areas, IP bedrooms, program and recreation areas. The PREA postings contained the current information. The facility has bilingual staff and access to Big Language for interpretation services for the purposes of filing an allegation of sexual abuse or sexual harassment. All IP bedrooms have a telephone that IPs can use privately. PREA reporting signs are near the phone in all IP bedrooms.

IP assigned to The Harbor do not have their outgoing mail checked. Staff is not permitted to read IP letters addressed to the Office of the Corrections Ombudsperson.

The GEO Group provides staff with multiple ways to privately report an allegation of sexual abuse or sexual harassment. There is an email address and toll free Employee Hotline The Harbor staff can call to report an allegation of sexual abuse or sexual harassment. The Harbor staff can contact the PREA Coordinator directly.

Eighteen staff were interviewed. Staff were aware of the multiple reporting options for IPs to report sexual abuse, sexual harassment, retaliation, or misconduct that may have contributed to an incident of sexual abuse or sexual harassment. Staff reported they can receive allegations verbally, in writing, anonymously and through third parties. All staff were aware of their duty to immediately all allegations of sexual abuse or sexual harassment. Staff were aware there is an Employee Hotline and email where they can report allegations. Lastly, the staff was aware they could report to the agency PREA Coordinator.

Sixteen IPs were interviewed and all were aware of the multiple ways they can report allegations of sexual abuse, sexual harassment, retaliation, or misconduct that may have contributed to an incident of sexual abuse or sexual harassment. The IPs reported there was at least one The Harbor staff whom they felt comfortable enough with to report an allegation and that the staff would take it seriously. All the IP's stated they were aware they could report in writing, verbally, anonymously, and via third party. All the IPs were aware that the Office of the Corrections Ombudsperson is an external reporting entity. IPs were aware they could report to

	the NJ DOC PREA Coordinator directly. The IPs noted there is PREA reporting information on posters around the facility. During the site review, seven IPs were informally asked about the PREA information they received. Six of seven were able to produce an IP handbook and PREA Education Manual for Residents. The Harbor is compliant with the standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.252. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Grievance Process (2024-5)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor allows IPs to submit grievances related to sexual abuse and sexual harassment. There are locked Grievance Boxes in common areas around the facility. Only the Grievance Coordinator has the key to the boxes and the boxes are emptied at least once a day. IPs do not have to follow an informal process to resolve the grievance and they do not have to submit or refer the grievance to the staff who is the subject of the allegation. There is no time frame to submit a grievance related to sexual abuse or sexual harassment. An interview with the Grievance Coordinator confirmed she collects grievances from the locked boxes at least once per day. She reported there was one sexual abuse allegation filed through a grievance during the audit period and it was provided for review. The Grievance Coordinator stated she immediately forwards sexual abuse and sexual harassment allegations to the PCM and the facility head for referral to NJ DOC SID for investigation. Because sexual abuse and sexual harassment grievances are immediately forwarded for investigation, the related time frames are not exceeded. The IP who filed the grievance was no longer in the custody of The Harbor and could not be interviewed. An interview with the PCM confirmed the sexual abuse and sexual harassment grievance process. The PCM verified she immediately receives sexual abuse and sexual harassment grievances and forwards them to NJ DOC SID for investigation. The PCM confirmed one sexual abuse grievance was filed during the reporting period.

	Finally, an interview with the facility head confirmed the grievance process for sexual abuse and sexual harassment allegations. He stated sexual abuse and sexual harassment grievances are forwarded to him and the PCM; the PCM is responsible for the submitting the grievance to NJ DOC SID for investigation. The facility head stated The Harbor could discipline IPs for filing an sexual abuse or sexual harassment grievance in bad faith but rarely do because the facility wants to maintain a healthy reporting culture. The Harbor is compliant with the standard.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.253. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Sexual Abusive Behavior Prevention and Intervention Program (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has an MOU with SAVE of Essex County dated 8/19/2025, for the provision of outside confidential support services for all IPs who have experienced sexual abuse or sexual harassment. SAVE of Essex County was contacted and the representative confirmed there is an active MOU with The Harbor. The Harbor provides IPs with access to outside confidential emotional support services through SAVE of Essex County. SAVE of Essex County provides a hotline that IPs can access free of charge, without using a PIN and is unmonitored. During the site review, the hotline was tested and the representative confirmed they could provide emotional support services to The Harbor IPs. During the site review, PREA posters were observed in the housing areas, IP bedrooms, group and recreation areas. The PREA posters contained the current information. PREA postings are available in English and Spanish. IPs are provided with the outside confidential emotional support services information at intake and orientation through IP handbooks and The PREA Education Manual for Residents. Sixteen IPs were interviewed and although they were not aware of the specific services SAVE of Essex County provides, they did know how to access the hotline number if needed. All IPs interviewed stated the hotline information was posted throughout the facility.

	IPs assigned to The Harbor do not have their outgoing mail checked. Staff are not permitted to read IP letters addressed to SAVE of Essex County. Eighteen staff were interviewed and they were aware of the SAVE of Essex County hotline number and the services they provide. The Harbor is compliant with the standard.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.254. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". It was concluded this policy contained the necessary language to comply with all the elements of the standard. The GEO Group provides a third party reporting telephone line and email where family members and friends of IPs assigned to The Harbor can report sexual abuse or sexual harassment on behalf an IP. The third party reporting information is posted on the GEO Group website. Third party reporting information is posted the lobby, visitation, and other areas accessible to the public. IPs are provided with PREA third party reporting information through The PREA Education Manual for Residents. During the site review, third party reporting signs were observed in public areas of the facility such as the lobby, and visitation. Eighteen staff were interviewed and confirmed they are aware of the third party reporting options. Sixteen IPs were interviewed and verified they are aware of the third party reporting options. IPs stated they received a PREA Education Manual for Residents that contained the third party reporting information. The Harbor is compliant with the standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was

	conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.261. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Sexual Abusive Behavior Prevention and Intervention Program (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. All The Harbor staff, contractors and volunteers are required to report all knowledge, suspicion, and information regarding an allegation of sexual abuse or sexual harassment, retaliation and misconduct that may have been contributed to an incident. All staff, contractors and volunteers are trained at least annually on their responsibility to immediately report all incidents. Staff are required to immediately report all allegations reported to them regardless of the reporting method. Staff must report all verbal, written, anonymous and third party reports immediately. Staff are aware there is an Employee Hotline where they can privately report sexual abuse and sexual harassment. All PREA allegations are investigated by NJ DOC SID. Sixteen IPs were interviewed and all reported The Harbor staff will immediately forward an allegation of sexual abuse or sexual harassment to their supervisor and/or facility leadership. All IPs interviewed reported they feel comfortable with at least one The Harbor staff person to make a sexual abuse or sexual harassment report to them. All IPs interviewed reported that they feel safe at The Harbor, mostly because they perceive the staff cares about their safety and wellbeing. The Harbor is compliant with the standard.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.262. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "PREA Staffing and Facility Requirements (2024-1)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor stated no IPs reported they were at substantial risk of imminent sexual abuse. Interviews with eighteen staff confirmed they are aware of the policy and

	practice that requires them to immediately report when an IP states he thinks he is at substantial risk of imminent sexual abuse. All staff interviewed reported they have not received a report of substantial risk of imminent sexual abuse. Sixteen IPs were interviewed and reported staff protect vulnerable IPs and immediately respond to all reports of substantial risk of imminent sexual abuse. Interviews with the facility head and PCM confirm there were no reports from IPs about substantial risk of imminent sexual abuse. The Harbor is compliant with the standard.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.263. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Sexual Abusive Behavior Prevention and Intervention Program (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor received three allegations that an IP was the victim of sexual abuse while incarcerated at an NJ DOC facility. The Harbor provided notification to the NJ DOC facilities where the IP stated they were a victim of sexual abuse. Documentation of notification via email was provided, even when the initial contact was made by telephone. An interview with two case managers confirmed they are likely the staff IPs will report sexual abuse that occurred at an NJ DOC facility because they complete the PREA Risk Assessment and Reassessment. The case managers are aware they are required to immediately report sexual abuse that occurred at another facility to the facility head and PCM. Interviews with the facility head and PCM confirmed there were three reports of sexual abuse that occurred at NJ DOC facilities. The facility head and PCM confirmed they maintain documentation of the notification. The Harbor did not receive any allegations from another confinement facility that an IP was the victim of sexual abuse or sexual harassment occurring at The Harbor. The Harbor is compliant with the standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.264. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Sexual Abusive Behavior Prevention and Intervention Program (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor staff are trained in their first responder duties. First responder duties include separating the victim and abuser; notifying supervisors; preserve and protect the crime scene; request victims not take any actions to destroy evidence such as wash, brush teeth, eat, drink, and smoke; ensure the perpetrator not take any actions to destroy evidence such as wash, change clothes, brush teeth, eat, and drink. All staff involved in responding to an incident of sexual abuse are required to keep information confidential, except for providing information to supervisors, facility leadership and NJ DOC SID. Eighteen staff were interviewed and all staff were able to articulate their first responder duties. All staff carry a first responder card that details all the first responder duties. Staff report carrying the card ensures they are able to remember and follow the first responder duties. Interviews with the facility head and PCM confirm that all staff are trained in first responder duties and are provided with first responder cards when they are new hires. First responder cards are available from the PCM and shift supervisors when the original first responder cards are unreadable. The facility head and PCM confirmed one sexual abuse allegation was not reported while forensic evidence was still recoverable. The Harbor is compliant with the standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.265. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". It was concluded this policy contained the necessary language to comply with all the elements of the standard. The Harbor provided a Coordinated Response Plan dated 1/23/2025. The Coordinated Response Plan outlines the duties of the following staff when an allegation of sexual abuse or sexual harassment is made: first responders, facility leadership, shift supervisors, medical and mental health staff, and investigators. The Coordinated Response Plan is maintained with other emergency procedures. Eighteen staff interviewed were aware a Coordinated Response Plan is available to direct the response to an incident of sexual abuse or sexual harassment. Staff were aware of the location of the Coordinated Response Plan. All staff stated the Coordinated Response Plan is reviewed and discussed at staff meetings and shift briefings. Interviews with the facility head and PCM verified a Coordinated Response Plan is maintained at the facility and revised as needed. They confirmed staff is trained in the Coordinated Response Plan and when to use it. The Harbor is compliant with the standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.266. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)" and "PREA Investigation Procedure (Non-ICE) (5.1.2-E). The Harbor also provided facility policy "Sexual Abuse Behavior Prevention and Intervention Program (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has a Collective Bargaining Agreement (CBA) with District 1199J- National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO. It is dated

	January 1, 2023 through December 31, 2025. The CBA allows for the protection of IPs from contact with abusers by stating "Acceptance of the principle of progressive discipline does not limit the Employer's authority to discharge for serious offenses that cannot be condoned." A serious offense listed are any sexual contact with a resident, including sexual contact that may be considered consensual by the IP and the staff. A copy of the CBA was provided for review. The Harbor is compliant with the standard.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.267. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". The Harbor also provided facility policy "Sexual Abuse Behavior Prevention and Intervention Program (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor's policies require IPs who report sexual abuse and sexual harassment be monitored for retaliation once per week for at least 90 days. The PCM is the designated retaliation monitor at The Harbor. IPs do not remain at The Harbor after an allegation of sexual abuse or sexual harassment as per NJ DOC procedure. NJ DOC SID conducts all investigations of allegations of sexual abuse or sexual harassment. NJ DOC is responsible for conducting retaliation monitoring on The Harbor IPs who report sexual abuse or sexual harassment. There were no retaliation monitoring logs to review. Interviews with the facility head and PCM confirmed allegations of sexual abuse and sexual harassment are investigated by NJ DOC SID and that NJ DOC has the responsibility to monitor IPs for retaliation. No staff were monitored for retaliation during the audit period. The Harbor is compliant with the standard.

115.271	Criminal and administrative agency investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.271. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E. The Harbor also provided facility policy "Abuse, Neglect, and Exploitation (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor does not conduct administrative or criminal investigations of sexual abuse and sexual harassment. All sexual abuse and sexual harassment allegations are immediately referred to NJ DOC SID for investigation. NJ DOC SID provides the outcome of the investigation to The Harbor and where staff is the perpetrator of a substantiated allegations, determines if staff will be terminated or disciplined. The Harbor does not have any PREA investigators. The Harbor cooperates with NJ DOC SID personnel and requests updates about the status of an investigation. NJ DOC SID is responsible for referring allegations to the local prosecutor's office. The NJ DOC SID Deputy Chief Investigator was interviewed via Teams. She verified that NJ DOC SID is responsible for conducting sexual abuse and sexual harassment allegations made at The Harbor. She confirmed NJ DOC SID is responsible for referring allegations that appear to criminal to the local prosecutor's office. Lastly, she confirmed NJ DOC SID personnel receive PREA Specialized Investigation Training. Interviews with the facility head and PCM confirmed The Harbor must immediately refer all sexual abuse and sexual harassment allegations directly to NJ DOC SID. They verified NJ DOC SID provides the outcomes of the investigations to the facility. Lastly, they confirmed The Harbor cooperates with NJ DOC SID during the course of an investigation and requests updates on the status of an investigation. The Harbor is compliant with the standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was

	conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.272. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E). It was concluded this policy contains the necessary language to comply with all the elements of the standard. The Harbor does not conduct investigations into sexual abuse and sexual harassment allegations. All allegations are immediately referred to NJ DOC SID. Although The Harbor does not conduct sexual abuse and sexual harassment investigations, staff are informed through the policy of the evidentiary standard to determine an outcome. The evidentiary standard is the preponderance of the evidence. The NJ DOC SID Deputy Chief Investigator was interviewed via Teams. She confirmed NJ DOC SID staff are trained in the preponderance of the evidence. Interviews with the facility head and PCM confirmed sexual abuse and sexual harassment allegations are immediately referred to NJ DOC SID. The Harbor is compliant with the standard.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.273. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E). It was concluded this policy contains the necessary language to comply with all the elements of the standard. The Harbor does not conduct investigations into sexual abuse and sexual harassment allegations. All allegations are immediately referred to NJ DOC SID, who have the responsibility to investigate them. The Harbor does not provide IPs with notification of outcome; NJ DOC is responsible for providing IPs with notification when an investigation reaches an outcome.

	The NJ DOC SID Deputy Chief Investigator was interviewed via Teams. She confirmed NJ DOC SID's responsible to conduct sexual abuse and sexual harassment allegations and NJ DOC's responsibility to provide notification of outcome to the IP. She stated notification of outcome is documented and maintained as part of the investigation file. Interviews with the facility head and PCM confirmed The Harbor does not provide notification of outcome to IPs who report sexual abuse and sexual harassment. The Harbor is compliant with the standard.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.276. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E). It was concluded this policy contains the necessary language to comply with all the elements of the standard. The Harbor provided The GEO Group Employee Handbook prohibiting staff from engaging in sexual abuse and sexual harassment of IPs. The handbook outlines the zero tolerance policy for sexual abuse and sexual harassment and the consequences for violating it. Eighteen staff were interviewed and all reported they were aware of the facilities zero tolerance policy for sexual abuse and sexual harassment and the consequences for violating it. Interviews with the facility head and PCM confirmed the presumptive discipline for staff who are found to have engaged in sexual abuse is termination. Staff may also be referred for prosecution in cases where there may be criminality. Discipline for staff who are found to have engaged in sexual harassment are subject to sanctions that are commiserate with other staff in similar circumstances and with similar prior discipline. Staff with professional licenses will be referred to relevant licensing bodies. There were no staff disciplined for engaging in sexual abuse and sexual harassment during the audit period. The Harbor is compliant with the standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.277. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E). It was concluded this policy contains the necessary language to comply with all the elements of the standard. Interviews with the facility head and PCM confirmed contractors and volunteers who engage in sexual abuse or sexual harassment will be removed from contact with IPs and subject to criminal prosecution. They verified contractors and volunteers with professional licenses will be reported to relevant licensing bodies. There were no contractors or volunteers who were disciplined for sexual abuse or sexual harassment during the audit period. The Harbor is compliant with the standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.278. The Harbor submitted agency policy "PREA Investigation Procedure (Non-ICE) (5.1.2-E). It was concluded this policy contains the necessary language to comply with all the elements of the standard. The Harbor does not discipline IPs for sexually abusive contact because NJ DOC SID determines the investigation outcome and applicable disciplinary sanctions for IPs. The Harbor provided the IP handbook that the facility rules and prohibited acts. All sexual contact between IPs is a rule violation; however, only abusive sexual contact

	constitutes sexual abuse. Interviews with eighteen staff confirmed they are aware all sexual contact is against the rules and must be reported immediately. Interviews with the facility head and PCM verified NJ DOC is responsible for disciplining IPs for sexually abusive behavior. They confirmed there were no IPs disciplined at the facility for substantiated sexual abuse or sexual harassment. The Harbor is compliant with the standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.282. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). The Harbor also provided facility policy "Sexually Abusive Behavior and Intervention Procedure (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has policy and practice in place to provide IPs who are victims of sexual abuse with timely and unimpeded access emergency medical and mental health care. Emergency medical care consists of sexually transmitted infection (STI) prophylaxis. Access to emergency contraception is not provided as The Harbor is an all male facility. All treatment services must be provided without cost to the IP and regardless of whether the victim cooperates with the investigation or names the abuser. Interviews with medical and mental staff confirmed they determine what emergency medical and mental health services should be provided when an IP reports an incident of sexual abuse. Medical and mental health staff confirmed there were no sexual abuse incidents where IPs were referred for emergency medical and mental health services during the audit period. Interviews with the PCM verified no IPs were referred for emergency medical and mental health services during the audit period. The Harbor is compliant with the standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.283. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). The Harbor also provided facility policy "Sexually Abusive Behavior and Intervention Procedure (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has policy and procedure in place to provide on-going medical and mental health services to IP victims of sexual abuse. Services are free of charge and include follow up mental health services and treatment plans, STI testing and prophylaxis. The Harbor is an all male facility and no transgender men were assigned to the facility during the audit period; therefore, access to all lawful pregnancy services are not available. All services must be at a level consistent with the community. The Harbor has policy and practice in place to provide a mental health evaluation for IP who are found to have engaged in sexual abuse. Interviews with medical and mental health staff confirmed no IPs received a mental health evaluation after a substantiated allegation of sexual abuse. Interview with medical and mental staff confirmed they can provide on-going medical and mental care as needed. They reported medical and mental health care is comparable with the community. They reported there were no IPs receiving on-going medical and mental health treatment after an allegation of sexual abuse. An interview with the PCM confirmed there were no IPs who received on-going medical and mental health care as the result of a substantiated sexual abuse allegation. The Harbor is compliant with the standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.286. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). The Harbor also provided facility policy "Sexually Abusive Behavior and Intervention Procedure (PREA) (2024-6)". It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor has policy and practice in place to conduct an After Action Review of all sexual abuse and sexual harassment allegations within 30 days of the investigation closing. The After Action Review team is multidisciplinary; it consists of facility leadership, PCM, supervisors, case managers, medical and mental health staff. The After Action Review considers all the elements outlined in the standard (d 1-5). The completed After Action Review form is the report. If recommendations are made, they are either implemented or there is documented justification for not implementing them. There is one sexual abuse allegation from the audit period; however, the investigation is open. Interviews with the facility head and PCM verified the after action review process and documentation. The Harbor is compliant with the standard.
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115.287	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.287. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor submitted its PREA Tracking Log. There was one sexual abuse allegation during the audit period. The investigation is pending. The GEO Group website was reviewed. PREA Annual Reports between 2017 and 2024 were posted on the public website.

	An interview with the PCM confirmed she maintains sexual abuse and sexual harassment through a web-based data collection and management program. An interview with the PREA Coordinator verified sexual abuse and sexual harassment data is collected and maintained through a companywide system. Annually, data is collected, reviewed and aggregated in order to publish a detailed annual report. The annual report is reviewed and approved by agency leadership and posted to The GEO Group's public website. The PREA Coordinator confirmed if data is requested for the Survey of Sexual Violence, the agency and facility comply with the request and submit sexual abuse and sexual harassment data. The Harbor exceeds compliance with this standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.288. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). It was concluded these policies contained the necessary language to comply with all the elements of the standard. The GEO Group website was reviewed. PREA Annual Reports between 2017 and 2024 were posted on the public website. An interview with the PCM confirmed she maintains sexual abuse and sexual harassment through a web-based data collection and management program. An interview with the PREA Coordinator verified sexual abuse and sexual harassment data is collected and maintained through a companywide system. Annually, data is collected, reviewed and aggregated in order to publish a detailed annual report. Any corrective action gleaned from the data review and aggregation is implemented through policy and practice revision. PREA training may be updated to reflect the corrective action taken. The annual report is reviewed and approved by agency leadership and posted to The GEO Group's public website. The PREA Coordinator confirmed if data is requested for the Survey of Sexual Violence, the agency and facility comply with the request and submit sexual abuse and sexual harassment data. The Harbor exceeds compliance with this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to determine compliance with standard 115.289. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A). It was concluded these policies contained the necessary language to comply with all the elements of the standard. The Harbor maintains sexual abuse and sexual harassment data via an agencywide, web-based data collection and management system. The Harbor maintains sexual abuse and sexual harassment paperwork on-site in a secure area. Periodically, it is moved to an outside companies secure warehouse. The GEO Group website was reviewed. PREA Annual Reports between 2017 and 2024 were posted on the public website. An interview with the PCM confirmed she maintains sexual abuse and sexual harassment through a web-based data collection and management program and in a secure area on-site. She verified that periodically the sexual abuse and sexual harassment paperwork is moved to an off-site secure warehouse managed by a third-party. An interview with the facility head confirmed the data maintenance and storage process. An interview with the PREA Coordinator verified sexual abuse and sexual harassment data is collected and maintained through a companywide system. He confirmed The GEO Group uses an outside data maintenance and storage company who has a secure warehouse. Sexual abuse and sexual harassment data is maintained according to the PREA standard (d), agency policy and state statutes. Sexual abuse and sexual harassment data is maintained for at least 10 years. The Harbor exceeds compliance with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of The Harbor's pre-audit evidentiary documents uploaded to the OAS was conducted. Information from on-site interviews as well as on-site documents provided, and observations made during the site review were considered to

	determine compliance with standard 115.401. The Harbor submitted agency policy "PREA Sexually Abusive Behavior and Intervention Procedure (5.1.2-A)". It was concluded this policy contained the necessary language to comply with all the elements of the standard. This is the fourth PREA certification audit for The Harbor. The last audit report was dated 3/5/2022. The auditor was originally certified by the Department of Justice in October 2016. The auditors current certification expires in December 2025. The GEO Group ensures that its facilities are PREA audited at least every three years, or once in an audit cycle. During the audit, the auditor was provided with access to all areas of the facility and to observe cameras. I was allowed to revisit areas throughout the facility during the entire audit. Personnel files, IP files, training records, investigation files, logbooks, and all other pertinent information to make a compliance determination on all community confinement PREA standards were requested. All requested documents were provided in a timely manner. Staff on all shifts were interviewed and selected at random. A random selection of IPs was made; although 20 were requested, four refused the interview to the auditor for various reasons. All staff and IP interviews were conducted in private. PREA audit postings were provided to The Harbor and verification pictures were provided on February 10, 2025. PREA audit postings were provided in English and Spanish and included the auditor's contact information. No correspondence from staff or IPs was received. The Harbor is compliant with the standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The GEO Group website was reviewed and the most recent final PREA reports for all facilities were posted.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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.)	na
115.213 (a)	Supervision and monitoring	
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	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 inmates.)	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 inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217	Hiring and promotion decisions	

(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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	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

	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
	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
	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
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
	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
	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

	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(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
	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
	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
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	

	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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
	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
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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

	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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).)	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).)	na
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	no

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.271 (d)	Criminal and administrative agency investigations	
	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?	no
115.271 (e)	Criminal and administrative agency investigations	
	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?	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?	no
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	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?	no
115.271 (g)	Criminal and administrative agency investigations	
	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?	no
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.271 (i)	Criminal and administrative agency investigations	
	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?	no
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	no
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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?	no
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	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.)	
115.273 (c)	Reporting to residents	
	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?	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?	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?	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?	no
115.273 (d)	Reporting to residents	
	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
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for 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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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.)	na
115.287 (f)	Data collection	
	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.)	na
115.288 (a)	Data review for corrective action	
	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
	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
	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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes