

PREA Facility Audit Report: Final

Name of Facility: Bridgeton Residential Programs

Facility Type: Community Confinement

Date Interim Report Submitted: 09/10/2024

Date Final Report Submitted: 10/17/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Chris Sweney | Date of Signature: 10/17/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Sweney, Chris |
| Email: | csweney.prea@gmail.com |
| Start Date of On-Site Audit: | 07/22/2024 |
| End Date of On-Site Audit: | 07/23/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Bridgeton Residential Programs |
| Facility physical address: | 4 South Industrial Boulevard, Bridgeton, New Jersey - 08302 |
| Facility mailing address: | 580 Virginia Dr, Suite 250, Fort Washington, PA, - 19034 |

| Primary Contact |
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| | |
|--------------------------|-------------------------|
| Name: | Corey Davis |
| Email Address: | Corey.Davis@Kintock.org |
| Telephone Number: | 610-225-3674 |

| Facility Director | |
|--------------------------|----------------------------|
| Name: | Marcos DeJesus |
| Email Address: | Marcos.DeJesus@Kintock.org |
| Telephone Number: | 856-459-2701 |

| Facility PREA Compliance Manager | |
|---|-----------------------------|
| Name: | Frank Buczynski |
| Email Address: | frank.buczynski@kintock.org |
| Telephone Number: | O: 856-459-2709 |
| Name: | Marcos DeJesus |
| Email Address: | marcos.dejesus@kintock.org |
| Telephone Number: | O: 856-459-2701 |

| Facility Health Service Administrator On-Site | |
|--|-----------------------|
| Name: | Tim Brown |
| Email Address: | Tim.Brown@Kintock.org |
| Telephone Number: | 610-225-3677 |

| Facility Characteristics | |
|---|-----|
| Designed facility capacity: | 0 |
| Current population of facility: | 325 |
| Average daily population for the past 12 months: | 308 |

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| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18 |
| Facility security levels/resident custody levels: | Community corrections |
| Number of staff currently employed at the facility who may have contact with residents: | 94 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

AGENCY INFORMATION

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|--|--|
| Name of agency: | The Kintock Group |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 580 Virginia Drive, Suite 250, Fort Washington, Pennsylvania - 19034 |
| Mailing Address: | |
| Telephone number: | |

Agency Chief Executive Officer Information:

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|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|-------------|-----------------------|-------------------------|
| Name: | Corey Davis | Email Address: | corey.davis@kintock.org |
|--------------|-------------|-----------------------|-------------------------|

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:

3

- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
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| 1. Start date of the onsite portion of the audit: | 2024-07-22 |
| 2. End date of the onsite portion of the audit: | 2024-07-23 |

Outreach

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| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Services Empowering Rights of Victims (SERV) - (800) 225-0196 https://www.centerffs.org/serv/about-serv |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 560 |
| 15. Average daily population for the past 12 months: | 308 |
| 16. Number of inmate/resident/detainee housing units: | 7 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

| | |
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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 350 |
| 38. 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: | 1 |
| 39. 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: | 1 |
| 40. 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 |
| 41. 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: | 1 |
| 42. 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: | 3 |
| 43. 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: | 1 |

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| <p>44. 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:</p> | <p>1</p> |
| <p>45. 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:</p> | <p>0</p> |
| <p>46. 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:</p> | <p>0</p> |
| <p>47. 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:</p> | <p>0</p> |
| <p>48. 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):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. 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:</p> | <p>117</p> |
| <p>50. 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:</p> | <p>9</p> |

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| 51. 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: | 20 |
| 52. 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: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |

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| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The auditor conducted interviews with random and targeted residents. The in-house resident population on the first day of the onsite review was 350. All reasonable efforts were made to conduct the required number of targeted resident interviews. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There was a total of 26 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area of the facility.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. 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):</p> | <p>No text provided.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>6</p> |

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".

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>62. 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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported no Residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>66. 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:</p> | <p>1</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported there were no Residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported no Residents who disclosed prior sexual victimization during their risk screening. This was verified while reviewing intake documentation and confirmed by facility staff during their interviews.</p> |

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| <p>69. 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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility reported no Residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |

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| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>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.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>9</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

80. 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

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| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |

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.

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

Yes

No

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

85. 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

86. 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

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

Yes

No

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

Yes

No

| | |
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| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>No text provided.</p> |
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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.

| | |
|--|--|
| <p>90. 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?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|--|

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|---|--------------------------|
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>No text provided.</p> |
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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.

92. 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 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. 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 | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 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.

94. 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 |

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

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

96. 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 |

97. 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

| | |
|--|--|
| 98. 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: | The Kintock Group reported zero sexual abuse investigations during the audit period. This was verified during staff and resident interviews. |

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|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
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| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

116. 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

121. 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 | |
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| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • 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 | |
| <p>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.</p> | |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with this standard:</p> <p>Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault</p> <p>Operations Procedure #26 - Prison Rape Elimination Act (PREA)</p> <p>The Kintock Group - Bridgeton Residential Programs Organizational Chart</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Resident Interviews 2. Random Staff Interviews 3. Agency PREA Coordinator Interview 4. PREA Compliance Manager |

During staff and resident interviews there was a general understanding of the Kintock Groups' zero-tolerance policy toward sexual abuse and sexual harassment and their policies to prevent, detect and respond such conduct.

The agency wide PREA Coordinator reported during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The PREA Compliance Manager reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group has an agency wide PREA Policy which mandates zero tolerance relating to sexual assault, sexual abuse and sexual harassment. The policy states:

Kintock promotes a productive and safe environment for staff and residents and has zero tolerance for verbal or physical conduct that harasses, assaults, disrupts, traumatizes, or interferes with another's work performance or the quality of life for its residents.

Behavior that creates an intimidating, offensive, or hostile environment is immediately reported and addressed.

The intent of this procedure is to provide uniform guidelines to prevent, detect, and respond to sexual harassment and assault.

The company prohibits any form of retaliation against employees/residents for making a complaint or providing information about harassment.

Any employee, supervisor or manager who violates this policy, and in accordance with the company Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors and their representatives shall also comply with this policy, or the working relationship/contract may be severed. A member of the incident review team may jointly or individually decide if it necessary to prohibit further resident contact until HR can be reached.

All claims of sexual assault will be immediately reported to the contracting law enforcement agency to include notification of the agency's special investigation division.

(b) Kintock policy discusses their approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.

(c) The Kintock Group has a designated agency wide PREA Coordinator who reports to the Chief Operating Officer. Under the agency wide PREA Coordinator each facility

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| | <p>has a Facility PREA Compliance Manager that is responsible PREA Compliance at the facility level. Lines of communication between the PREA Compliance Manager, PREA Coordinator and Chief Operating Officer appear to be open.</p> <p>(d) The Kintock Group operates three (3) facilities in New Jersey and Pennsylvania. Each facility has a designated PREA Compliance Manager that is responsible PREA Compliance at the facility level.</p> <p>The Auditor conducted a thorough review of Kintock Group policies and procedures, Organizational Chart, and interviewed staff and residents. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The Kintock Group has successfully created a culture of zero-tolerance towards all forms of sexual abuse and sexual harassment. The Kintock Group operates three facilities and has appointed an agency PREA Coordinator that has oversight and authority for all facilities. Additionally, the Kintock Group has appointed a PREA Compliance Manager which ensures compliance at the facility level. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator Interview <p>During the interview with the Agency PREA Coordinator he indicated that they do not contract with other agencies to house their residents.</p> <p>Kintock Group - Bridgeton Residential Programs is a private operated facility which housed residents released from incarceration. The Kintock Group does not contract out for the confinement of their residents.</p> |

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| 115.213 | Supervision and monitoring |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:

1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault
2. Annual Staffing Plan Review

Interviews:

1. Random Staff Interviews
2. Random Resident Interviews
3. Director of Operations/PREA Compliance Manager
4. Corporate Director of Facility Operations/Agency PREA Coordinator

Staff and residents interviewed indicated Residential Supervisors conduct counts four times per shift and do additional “walk-throughs” throughout the shift between counts in all areas of the facility including dorms, restrooms, and other common areas.

Resident interviews indicated that staff knock and announce and wait before entering areas where residents may be undressed. Residents were also asked if they felt they had enough privacy to shower, change clothes and use the restroom. All indicated they did.

During interviews with supervisory staff (Program Directors, Residential Manager) they indicated they conduct unannounced rounds, each day, often multiple times per day. Both Residential Supervisors and Supervisors stated they document rounds in a log in the control room.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The The Kintock Group - Bridgeton Residential Program has a staffing plan and policy which accounts for generally accepted practices; the Kintock Group follows applicable regulations and standards to determine staffing levels. All components of the facility’s physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered.

There is a documented staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consideration is given to:

- The physical layout of each facility;
- The composition of the offender population;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The Staffing Plan is reviewed annually and signed by the Residential Supervisor/ Director of Operations/PREA Compliance Manager and Chief Operating Officer.

Since their last PREA audit, the Bridgeton Residential Program reported the average daily number of residents was 239.

Since their last PREA audit, the Bridgeton Residential Program reported the average daily number of residents on which the staffing plan was predicated was 318.

(b) During the onsite audit the auditor was provided a list of all staff and hours they work. This was compared to the staff working at the time. No issues were identified.

(c) The Bridgeton Residential Program is has sufficient staff available to staff the control room, conduct rounds in living areas and restrooms, and do pat-searches when necessary. Resident interviews indicated that female staff rarely go in male dorms. They also indicated that when necessary to do so they knock and announce and wait before entering areas where residents may be undressed.

During the tour all areas were observed including dorms, restrooms, dayrooms, dining, Control Room and the main entrance. The camera system was observed and no issues were identified concerning blind spots or cross-gender supervision.

The Auditor concluded the The Kintock Group - Bridgeton Residential Programs has an adequate staffing plan to ensure the protection of residents from sexual abuse and harassment. The Auditor reviewed policies, procedures, Staffing Plan, Staffing Plan Reviews, facility logbooks, shift rosters, and conducted interviews with staff and residents. The facility conducts an annual staffing plan review as required by this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

| 115.215 | Limits to cross-gender viewing and searches |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard: |

1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault
2. Policy 11.08 - Contraband Searches
3. Guidance in Cross-Gender and Transgender Pat Searches

Interviews:

1. Random Resident Interviews
2. Residential Supervisor Interviews

During resident interviews, residents reported being able to use the restroom, take a shower and change clothing with privacy from staff and other residents. The process for exiting and returning to the facility was discussed with residents. They indicated that when they return to the facility from either work or other passes they go through a process which includes a property search and pat search.

During Residential Supervisor interviews, they indicated that when necessary to go in resident rooms they knock and announce and wait before entering areas where residents may be undressed. The process for exiting and returning to the facility was also discussed with Residential Supervisors. They indicated that when residents return to the facility from either work or other passes there is a process which includes a property search and pat search. All reported that female staff do not search residents. If same gender staff is not available, staff is trained to use a metal detector to conduct searches. Residential Supervisor stated they have received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents if needed.

Site Review Observations:

1. Observations during on-site review of physical plant

The Kintock Group - Bridgeton Residential Programs does not allow "opposite sex" pat searches, strip searches or body cavity searches. All staff is trained in various searches and search techniques. This was confirmed during the documentation review and staff interviews.

The Kintock Group - Bridgeton Residential Programs reported the number of cross-gender strip or cross-gender visual body cavity searches of residents were (0) zero.

Kintock Group does not permit cross-gender pat-down searches of female residents absent exigent circumstances.

The Kintock Group - Bridgeton Residential Programs reported the number of pat-down searches of female residents that were conducted by male staff were (0) zero.

The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance were (0) zero.

The Kintock Group has sufficient staff available to conduct searches when needed. I

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| | <p>Kintock Group policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies 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.</p> <p>Both a review of policies and interviews with staff and residents confirmed that staff knock and announce their presence and wait before entering into dorms.</p> <p>During the tour and review of cameras it was found that none of the cameras view the dorms, toilet, shower or other areas where residents may be undressed.</p> <p>Kintock Group policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Kintock Group reported zero (0) searches or physical examinations of transgender or intersex resident for the purpose of determining the resident's genital status.</p> <p>The Kintock Group reported 100% of staff have been trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The Auditor concluded staff had been appropriately trained to conduct cross-gender searches if necessary. Staff make opposite gender announcements when entering resident living units. Residents are able to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender and intersex inmates professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, shift rosters, made on site observations, and interviewed staff and resident. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Kintock Handbook (English/Spanish) |

3. PREA Postings (English/Spanish)

Interviews:

1. Residential Supervisor Interviews
2. Counselor Interviews
3. Resident Interviews

During interviews with Residential Supervisors who complete resident PREA education they explained how accommodations can be made if needed.

Specifically, information may be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed. Interviews with Counselors who conduct initial risk screenings and reassessments indicated the same availability of accommodations.

Random residents were asked during interviews if they knew of any other residents that are disabled, unable to speak English or may have trouble understanding the information provide to them during the intake and orientation process. None were aware of any at the facility during the onsite audit.

Site Review Observations:

1. Observations during on-site review of physical plant

A. The Kintock Group has a policy which state:

- *The appropriate steps shall be taken to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Site Administrators and Program Directors shall 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, limited reading skills, or who are blind or have low vision.*
- *Reasonable steps shall be taken to ensure prevention, detection, and responses to sexual abuse and sexual harassment to residents who are limited English proficient are made, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively*

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| | <p><i>and expressively, using any necessary specialized vocabulary.</i></p> <ul style="list-style-type: none"> • <i>Kintock shall not use or depend 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 resident's allegations.</i> • <i>Where interpreters are necessary yet unavailable, the contracting authority will be notified for assistance and in the meantime the assigned case manager shall use Google Translate or other online translation programs to review all intake and handbook information including all PREA information, training and procedures.</i> <p>The Bridgeton Residential Programs provides residents an orientation, handouts for the local rape crisis center, and posters which are available in English and Spanish. Additionally, the facility has access to interpretive services</p> <p>In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero (0)</p> <p>The Auditor concluded the agency provides information that ensures equal opportunities to residents who are disabled. The agency takes reasonable steps to provide residents who are limited English proficient meaningful access to all aspects of the agency's prevention, detection and response policies towards sexual abuse and sexual harassment. The Auditor conducted a thorough review of the agency's policies, procedures, training, made on-site observations, interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Kintock Group Human Resources Manual 2. Kintock Employee Handbook 3. Employee Application 4. New, Current, and Promotional Employee Background Checks 5. Contract Staff and Volunteer Background Checks |

Interviews:

1. Corporate Director of Facility Operations/Agency PREA Coordinator Interview
2. Human Resources Interview

Interview with the Corporate Director of Facility Operations/Agency PREA Coordinator, and Human Resources all indicated that applicants that may work with residents submit their information to Kintock Group and is forwarded to H/R to complete background and reference checks. New staff are not allowed to work with residents until they are cleared. The same applies any contract staff and volunteers. Additionally, the PREA Coordinator stated that their policy requires criminal background records checks each year and before any new contract for all current employees who may have contact with residents.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group requires background investigations for all new hires as well as for staff being considered for a promotion. Kintock Group Human Resources Manual states:

"Applicants for positions at contracted sites in which the applicant may have contact with residents must be cleared as required by the Prison Rape Elimination Act ("PREA"). Applicants shall be requested to disclose on an employment application and in an interview about any prior misconduct as set forth in Section 115.217 of PREA, as that section may be amended from time to time. In addition to requiring disclosure of prior misconduct by the applicant and prior to extending an offer of employment, the Human Resources Management Department shall (1) conduct a criminal background records check, (2) 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, and (3) make a good faith effort to review public information available to the Company to determine whether an applicant has been civilly or administratively adjudicated to have engaged in prohibited activity under Section 115.217 of PREA. The Human Resources Management Department shall consider any incidents of sexual harassment in determining whether to hire an applicant who may have contact with residents. The above procedures shall be followed in applications for new hires and promotions of employees from within the Company. The Company shall not hire or promote anyone who may have contact with residents who has engaged in prohibited activity under Section 115.217 of PREA.

The Human Resources Management Department shall advise all employees who may have contact with residents that the employees have a mandatory duty to disclose any misconduct under Section 115.217 of PREA and that the failure to do so or the provision of materially false information will result in discipline up to and including suspension without pay and/or termination.

The Company shall perform a criminal background records check before retaining the services of any contractor who may have contact with residents as required by PREA. The Company shall not engage the services of any contractor who may have contact with residents who has engaged in prohibited activity under Section 115.217 of PREA.

As required by PREA, the Human Resources Management Department shall conduct a criminal background records check at least every five years of current employees and contractors who may have contact with residents.

If the Company obtains corroborated information on or investigates and substantiates allegations of sexual abuse or harassment involving a former employee and the Company receives a request from an institutional employer to whom such employee has applied for work, the Company will provide the institutional employer with factual, substantiated information in its possession but shall not provide to the inquiring employer information which the Company was unable to substantiate and to the extent that the information in the Company's possession originated from a third party outside the Company, the Company shall disclose the source of the information to the inquiring employer."

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 41.

The Kintock Group provided documentation showing completion of background checks for new hires, current employees and those being considered for promotion. Background checks are completed by a Personnel Specialist.

(b) Kintock Group policy indicates that: "The Department shall also ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

(c) The Kintock Group provided a spreadsheet identifying all applicants who provided references from previous correctional employers. The spreadsheet included the dates references were contacted to inquire about any prior allegations of abuse or harassment.

(d) Kintock Group policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was 6.

During the preaudit documentation review, the Kintock Group provided documentation showing completion of background checks for volunteers and

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| | <p>contract staff. Background checks are completed by Human Resources.</p> <p>(f) The Kintock Group asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in interviews for hiring or promotions. The audit was provided interview notes which confirm these questions are being asked.</p> <p>(g) Kintock Group policy states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”</p> <p>The Kintock Group provides 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.</p> <p>The Auditor concluded that the Kintock Group takes appropriate steps to identify previous acts of sexual misconduct before hiring staff, enlisting the services of contractors, and before promoting existing staff. The Auditor conducted a thorough review of the agency's policies, procedures, employment records, forms and interviewed staff and contractors. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. The Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire 2. Facility Diagrams 3. Facility Tour <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator Interview <p>The Corporate Director of Facility Operations/Agency PREA Coordinator and PREA Compliance Manager were both aware of the PREA standard requiring their participation in considering the effects of designing new or updating existing facilities.</p> <p>Site Review Observations:</p> |

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| | <p>1. Observations during on-site review of physical plant</p> <p>(a) Kintock Group policy requires the consideration of any new design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse.</p> <p>(b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated.</p> <p>The Auditor has established the PREA Coordinator considers design affects and camera placements to protect residents from sexual abuse. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. The Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire 2. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Director of Operations/PREA Compliance Manager Interview 3. PREA Coordinator Interview 4. Services Empowering Rights of Victims (SERV) <p>Random staff interviews confirm staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.</p> <p>During interviews with the PREA Coordinator and Director of Operations/PREA Compliance Manager they confirmed that any victim of sexual abuse would be provided access to qualified staff at Inspira Health Center and that a victim advocate would be notified if requested by the victim.</p> <p>A phone interview with a representative of Services Empowering Rights of Victims confirmed that Kintock Group may utilizes their services. Services Empowering Rights of Victims stated they provide free services to someone housed at Bridgeton the same as they would someone in the community. Services Empowering Rights of Victims listed services they provide which include sexual abuse counseling, hotline</p> |

services, emergency shelter placement, support groups, and hospital advocacy including support during examinations. Services Empowering Rights of Victims stated their hotline is open to anyone 24/7 and that additional materials including pamphlets and pocket cards are provided for distribution if requested.

Site Review Observations:

1. Observations during on-site review of physical plant:

(a) The Kintock Group is not responsible for administrative or criminal investigations. Administrative investigations are completed by the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons depending on the status of the resident. Criminal investigations are investigated by local law enforcement. All follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

(b) The Kintock Group - Bridgeton Residential Programs is an adult only facility.

(c) The Kintock Group - Bridgeton Residential Programs offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the Director of Operations/PREA Compliance Manager and Random staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at Inspira Health Center by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

The number of forensic medical exams conducted during the past 12 months was (0) zero.

The number of exams performed by SANEs/SAFEs during the past 12 months was (0) zero.

The number of exams performed by a qualified medical practitioner during the past 12 months was (0) zero

(d) The Kintock Group has an MOU with Services Empowering Rights of Victims to provide victims of abuse with a victim advocate and support services.

The Kintock Group provides information including addresses and phone numbers for Services Empowering Rights of Victims to all residents.

(e) Interviews conducted with the Director of Operations/PREA Compliance Manager and random staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services.

(f) The Kintock Group is not responsible for administrative or criminal

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| | <p>investigations. Administrative investigations are completed by the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons depending on the status of the resident. Criminal investigations are investigated by local law enforcement.</p> <p>(g) The auditor is not required to audit this provision</p> <p>(h) This provision is Not Applicable; The Kintock Group - Bridgeton Residential Programs refers these services to Services Empowering Rights of Victims for access to a victim advocate.</p> <p>The Auditor determined an appropriate uniform evidence protocol is used when collecting forensic evidence following a sexual abuse incident. The Kintock Group allows residents access to victim advocates form a rape crisis center. The facility provides access to forensic exams when necessary which are conducted by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Auditor reviewed the agency's policies, procedures, Memorandums of Understanding, and conducted interviews with investigators, and victim advocate. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. The Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire 2. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 3. Kintock Group website (https://www.kintock.org/copy-of-prea-information) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager <p>Interviews with the PREA Compliance Manager confirmed that all allegations of sexual abuse and sexual harassment are immediately forwarded to the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement for investigation and that</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant |

(a) Kintock Group policy states:

"An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

All allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy shall be published on the Kintock Group website. All such referrals shall be documented.

The responsible agency, for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities, shall have in place a policy governing the conduct of such investigations."

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was one (1).

In the past 12 months, the number of allegations resulting in an administrative investigation was zero (0).

In the past 12 months, the number of allegations referred for criminal investigation was zero (0).

(b) Kintock Group policy states that all residents have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.

Kintock Group policy requires staff to document all incidents of sexual abuse and forward them to the Director of Operations/PREA Compliance Manager.

(c) Information on the Kintock Group website (<https://www.kintock.org/copy-of-prea-information>) explains that an investigation will be done however it does not explain who is responsible for investigations.

(d,e) Auditor is not required to audit these provisions

Corrective Action:

115.222 (c) Information on the Kintock Group website (<https://www.kintock.org/copy-of-prea-information>) explains that an investigation will be done however it does not explain who is responsible for investigations.

Please update your website to include who is responsible for both administrative and criminal investigations.

Update:

As of October 7th, 2024 the Kintock Group has update their website to include who is responsible for both administrative and criminal investigations.

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| 115.231 | Employee training |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>The Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire</p> <p>Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault</p> <p>Operations Procedure #26 - Prison Rape Elimination Act (PREA)</p> <p>PREA INTRODUCTION</p> <p>PREA RESIDENSTAFF RIGHT TO BE FREE FROM SEXUAL HARASSMENT</p> <p>PREA THREATENED AND ACTUAL ABUSE</p> <p>Staff Training Records</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. PREA Coordinator Interview 3. Director of Operations/PREA Compliance Manager <p>During random staff interviews all indicated they receive PREA related training as part of their new hire orientation. They also stated that PREA is part of their annual curriculum and is covered at staff meetings. Training includes their zero-tolerance policy, methods residents can report, responder duties, retaliation, how to care for the victim, preservation of evidence, pat search policies, mandatory reporting requirements and additional topics.</p> <p>Interviews with the PREA Coordinator and Director of Operations/PREA Compliance Manager confirmed PREA training is part of the new hire orientation and annual training curriculum. Additionally, they stated that staff who transfer from another facility would receive facility specific training before working with residents.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant |

(a) The The Kintock Group - Bridgeton Residential Programs provides all staff with training which includes:

- The zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Offenders' right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is provided before new staff can work with residents and annually for all current employees. The Kintock Group provide copies of staff training certificates and completion reports for all current employees with the preaudit checklist and staff training files were reviewed on site.

(b) The Kintock Group - Bridgeton Residential Programs staff receives training tailored to the gender of the residents, Bridgeton Residential Programs houses both male and female residents and training records reviewed demonstrated a distinction in training. All staff receives training regardless of whether or not they are reassigned from another facility.

(c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed at monthly staff meetings.

(d) The Kintock Group provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material.

The Auditor concluded that The Kintock Group - Bridgeton Residential Programs has appropriately trained its staff and documented the employees' understanding of the training received. All facility staff interviewed were knowledgeable and retained the information provided through their training efforts. The Auditor reviewed agency policies, procedures, lesson plans, training records, acknowledgement forms, interviewed staff, made observations and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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| 115.232 | Volunteer and contractor training |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. The Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire 2. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 3. Operations Procedure #26 - Prison Rape Elimination Act (PREA) 4. PREA INTRODUCTION 5. PREA RESIDENSTAFF RIGHT TO BE FREE FROM SEXUAL HARASSMENT 6. PREA THREATENED AND ACTUAL ABUSE 7. Documentation of Contract Staff Training (Summit Food Service) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manager 2. Random Staff <p>Interviews with the Director of Operations/PREA Compliance Manager and random staff confirmed that volunteers and contractors receive PREA orientation prior to entering the facility and working with residents.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) The Kintock Group ensures 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. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. <p>The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 6.</p> <ol style="list-style-type: none"> (b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation. |

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| | <p>(c) The Kintock Group maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.</p> <p>Training is provided before volunteers can work with residents and again each year for current volunteers. The Kintock Group provide copies of PREA training for current contract staff with the preaudit checklist.</p> <p>The Auditor concluded the Kintock Group is appropriately training volunteers and contractors. The Kintock Group training curriculum is appropriate and documentation is maintained showing that volunteers and contractors have received training. The Auditor reviewed the agency's policies, procedures, training curriculum, training records, and interviewed staff and volunteers and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.233 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Kintock Group - Bridgeton Residential Programs Pre-Audit Questionnaire 2. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 3. Kintock Group - PREA Brochure 4. Prison Rape Elimination Act (PREA) Intake Form 5. Resident Rulebook (English/Spanish) 6. PREA Posters (English/Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Supervisor Interviews 2. Random Resident Interviews <p>During interviews with Residential Supervisors who conduct the initial education and facility orientation they explained how accommodations can be made if needed. Specifically, information could be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed.</p> <p>During resident interviews, all indicated they received PREA reporting information</p> |

during the intake process and had a full orientation to the facility within the first 24 hours including the PREA video with subtitles. Most residents had a good of the agency's zero-tolerance policy and indicated they felt safe at the facility. Residents indicated they received information about the availability of outside services during orientation. Most indicated they knew the services were available and where to find the information if needed. All residents indicated they signed for the information they received.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) During intake, Residential Supervisors provide all residents with PREA educational materials. Residents sign the "Prison Rape Elimination Act (PREA) Intake Form" which explains the Kintock Group zero-tolerance policy towards sexual abuse and sexual harassment, different reporting methods, and right to be free from abuse, harassment and retaliation for reporting such conduct.

The number of residents admitted during past 12 months who were given this information at intake is 755.

(a) The Kintock Group provides refresher information whenever a resident is transferred to a different facility.

The number of residents transferred from a different community confinement facility during the past 12 months was 630.

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information is 630.

(c) The Kintock Group provides education to residents about their rights to be free from sexual abuse and sexual harassment. The educational materials, resident rulebook and PREA Pamphlet include their rights to be free from retaliation for reporting such incidents and that cases of sexual abuse and harassment will be reported to the Director of Operations and forwarded for investigation.

(d) Within 30 days residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided. Documentation of additional PREA education is noted in the resident file and was reviewed during the onsite audit.

(e) The Kintock Group provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.

(f) The Kintock Group maintains documentation of resident participation in initial PREA education and their full comprehensive facility orientation in the resident file. Ten (10) files were randomly selected and reviewed during the onsite audit. All files

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| | <p>had documentation of the resident's initial PREA education and their full facility orientation including the new PREA video.</p> <p>(g) The Kintock Group provides additional educational materials in the resident dorms in the form of posters.</p> <p>The Auditor concluded the resident population at the Kintock Group is educated in the facility's zero tolerance policy, how to report allegations, their rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies. The Kintock Group maintains appropriate documentation in the resident file. The Auditor reviewed the agency's policies, procedures, Resident Handbook, resident orientation, acknowledgement form, interviewed staff and residents and determined the facility meets the requirements of this standard. Based on the review and analysis of all of the available evidence, the auditor has determined Kintock Group is fully compliant with this standard.</p> |
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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. NIC - Specialized Training: Investigating Sexual Abuse in Confinement Setting - Investigator Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator Interview <p>During interviews with the Corporate Director of Facility Operations/Agency PREA Coordinator Interview he stated he received specialized investigator however, all allegations of sexual abuse and sexual harassment are immediately forwarded to the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement for investigation.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) All allegations of sexual abuse and sexual harassment are immediately forwarded to the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement for investigation. However, the</p> |

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| | <p>Corporate Director of Facility Operations/Agency PREA Coordinator has also received specialized training.</p> <p>(b) Specialized training includes:</p> <ul style="list-style-type: none"> • techniques for interviewing sexual abuse victims • proper use of Miranda and Garrity warnings • sexual abuse evidence collection in confinement settings • criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>(c) The Kintock Group maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The number of investigators currently employed who have completed the required training is 1.</p> <p>(d) Auditor is not required to audit this provision</p> <p>The Auditor concluded the Kintock Group has provided appropriate training to those that conduct sexual abuse and harassment investigations. The Auditor conducted a review of policies, procedures, training records, interviewed investigators and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.235 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. NIC - PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff <p>Site Review Observations:</p> |

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| | <p>1. Observations during on-site review of physical plant</p> <p>(a) The Kintock Group - Bridgeton Residential Programs does not employ their own medical staff or contract for on-site medical services.</p> <p>The number of medical and mental health care practitioners who work regularly at this facility is three (3).</p> <p>(b) The portion of the standard is Not Applicable as all forensic exams are conducted at Inspira Health Center. Staff interviews confirmed this information.</p> <p>(c) The Kintock Group - Bridgeton Residential Programs does not employ their own medical staff or contract for on-site medical services.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
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| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Kintock Group PREA Screening Checklist 3. Random Resident Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Supervisor interviews 2. Counselor interviews 3. Random Resident Interviews <p>During Residential Supervisor interviews they indicated that during the intake process they utilize the Kintock Group PREA Screening Checklist as part of the intake packet. Residential Supervisors stated they go over questions with the resident and forward the packet to the Residential Supervisor for review.</p> <p>During Counselor interviews they indicated they review the residents initial Kintock Group PREA Screening Checklist with residents during their initial one-on-one meeting with the resident. Counselors indicated that initial meetings with new residents generally take place in private, within the first five days of arrival at the facility. Additionally, Counselors stated they reassess resident within 30 days of</p> |

arrival and document the review on the Kintock Group PREA Screening Checklist.

During resident interviews it was confirmed that Residential Supervisors ask PREA screening questions within the first few hours upon arrival at the facility and that questions are asked individually in a private location. Residents also confirmed that during one-on-one meetings with their Counselor they are asked if anything has changed since their initial PREA screening and if they have any concerns about their safety.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) During the intake process Residential Supervisors ask questions to assess residents for their risk of being sexually abused or sexually abusive toward others.

(b) Interviews conducted with staff indicate intake screenings are typically completed within two hours of arrival but always take place within 72 hours of arrival at the facility.

The Kintock Group - Bridgeton Residential Programs reported the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 682.

(c) The PREA screening assessments are conducted using an objective screening instrument which was verified by the auditor during the onsite visit.

(d) The Kintock Group PREA Screening Checklist considers the following:

Potential Perpetrator:

- History of institutional predatory sexual behavior
- Any history of sexual abuse, sexual assault, physical abuse or domestic violence toward others
- Current gang affiliation or security threat group
- History of strong-arming/assaults in prison
- History of consensual sex in prison
- Prior convictions for violent offenses
- Prior convictions for sex offenses

Potential Victim:

- Do you feel vulnerable for sexual abuse or sexual harassment at this facility?
- Former victim of sexual abuse or assault in prison or Institution(s)
- Do you identify as transgender/intersex/gender fluid or nonconforming?
- Do you identify as or are you perceived as Lesbian/Gay/Queer?

- History of any sexual abuse prior to incarceration
- English is a second language
- Youthful age-22 and under
- Elderly-65 or older
- Small physical stature (Male 5'6"/less than 140 lbs., Female 5'2"/less than 120 lbs.)
- Physical/Intellectual disability
- Mental health diagnosis
- First incarceration or prior incarcerations for less than 30 days
- History of protective custody- (adult/juvenile)
- Non-violent criminal history

Prior charges and or/ convictions for sex offenses. When assessing residents for risk of being sexually abusive, the resident's initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.

Once the assessment is complete it is reviewed by the Resident Supervisor to determine if any additional actions need to be taken based on how the questions were answered. If residents report past victimization in an institution that information is forwarded to the appropriate supervising authority. If a referral is needed due to past victimization that information is communicate to the resident's Counselor and may be referred to outside services if needed.

(f) Within a set time period not more than 30 days from the resident's arrival at the facility, the resident's assigned Counselor reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Counselor and resident interviews that this reassessment is being completed and documented in the resident file.

The Kintock Group - Bridgeton Residential Programs reported the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 579.

(g) The Kintock Group reassesses a resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) The Kintock Group does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions.

(i) The Kintock Group has implemented appropriate controls on the dissemination

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| | <p>within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited.</p> <p>Information is maintained in the Resident file and kept in the Counselor's office and is only accessible to authorized staff. Any information completed on the computer is password protected. Ten (10) file reviews were completed, Initial and 30-Day PREA Screening Checklists were found to be properly completed and filed.</p> <p>The Kintock Group asks screening questions to discover each residents level of risk of sexual victimization or sexual predation during the intake process and again within 30 Days. Additionally, reassessments are completes based upon any new additional information, an incident or referrals. The Auditor reviewed the agency's policies, procedures, PREA Screening Checklists, resident files and interviewed staff and residents. Based on the review and analysis of all of the available evidence, the auditor has determined the Kintock Group is fully compliant with this standard.</p> |
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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Kintock Group PREA Screening Checklist 3. Random Resident Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Supervisor interviews 2. Counselor interviews 3. Random Resident Interviews 4. Director of Operations/PREA Compliance Manager <p>During Residential Supervisor interviews they confirmed that during the intake process they utilize the PREA Screening Checklists as part of the intake packet and use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators.</p> <p>During Counselor interviews they indicated that they review the PREA Screening Checklists with the resident with residents during regular meetings and offer resources to those that disclose prior abuse and make referrals to outside counseling when needed.</p> |

During the Director of Operations/PREA Compliance Manager interview, he explained that he reviews all PREA Screening Checklists. He also stated they use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group uses 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, bed assignments, work assignments, education assignments and program assignments.

(b) The Kintock Group reviews the PREA Screening Checklists and utilizes the information to make an individualized, case-by-case determination about how to ensure the safety of each resident while housed at the facility.

(c) When deciding where to assign transgender or intersex resident the PREA Compliance Manager determines the residents housing assignment after consulting with Resident Counselors and reviewing resident records and an interview with the resident taking into consideration the residents own views of where they would prefer to be housed.

(d) The Kintock Group policy requires that placement and programming assignments for each transgender or intersex resident is reassessed at least once per year.

(e) The Director of Operations/PREA Compliance Manager meets with transgender or intersex individuals to discuss the residents' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

(f) Transgender residents at Bridgeton Residential Programs have the opportunity to shower separately from other residents.

During the onsite audit there were know transgender residents assigned to the facility.

(g) The Kintock Group does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. Bridgeton Residential Programs does not have a dedicated unit or wing solely on the basis of identification or status.

Information is maintained in the Resident file and kept in the Counselor's office and is only accessible to authorized staff. Documentation completed on the computer is

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| | <p>password protected. Ten (10) file reviews were completed, Initial and 30-day PREA Screening Checklists were found to be properly completed and filed.</p> <p>The Auditor concluded the Kintock Group makes individualized determinations when assigning resident's housing, bed, work, programming and education assignments. The Kintock Group has appropriate policies, procedures and practices in place to protect vulnerable residents from those identified as potential abusers. The Auditor conducted a thorough review of policies, procedures, records, PREA Screening Checklists, interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.251 | Resident reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Resident Rulebook 3. Services Empowering Rights of Victims 4. PREA Informational Posters (English and Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews <p>During staff interviews, they were able to articulate multiple ways that residents can report abuse and harassment. They included written reports, verbal reports to any staff member, use of the kiosk, anonymous and third-party reports and the use of a hotline number for Services Empowering Rights of Victims. Additionally, staff stated that most residents had access to personal cell phones or could go directly to the local police department if needed. Residential Supervisors indicated how reporting information is provided to residents at intake and during orientation and where addition information is posted.</p> <p>During Resident interviews, they understood multiple ways they can report abuse and harassment. These included written notes, verbally telling a staff member, the grievance process, anonymous and third-party reports and the use of the hotline number for Services Empowering Rights of Victims. Many residents also indicated they could also report to their Counselor or go directly to the local police. Resident's indicated they were provided reporting information at intake and during</p> |

orientation and were aware of locations where additional information is posted.

Site Review Observations:

1. Observations during on-site review of physical plant

The Kintock Group provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information on how to make a report is provided to residents at intake and orientation and posted in resident dorms and common areas.

Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Residents have access to kiosks that they can use to submit a request to speak privately with administrative staff. Additionally, the Kintock Group provides the following outside reporting methods.

- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Kintock officials, allowing the resident to remain anonymous upon request. This may be through SERV, the office of Ombudsmen or if in immediate need of assistance, residents may dial 911. These procedures and corresponding phone numbers shall be included in intake information and documented in the handbook as well as posted at phones.
- Staff may privately report sexual abuse and sexual harassment of residents anonymously through the Kintock's website, or by directly contacting the corporate office of Human Resources.

Outgoing mail is sealed and locked in a mailbox until it is picked up by the Postal Service. Residents also have the option of sending mail while out of the facility.

The Kintock Group provides multiple ways for residents to report allegations of sexual abuse and sexual harassment including facility leadership. The Kintock Group requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Resident Rulebook, education materials, staff training materials, Zero-Tolerance Poster, Investigative records, training records, and interviewed staff and residents.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:

1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault

Interviews:

1. Random Resident Interviews.
2. Director of Operations/PREA Compliance Manager

Interviews with random residents confirmed multiple ways a resident could report allegations of sexual abuse or sexual harassment, submitting a grievance was one of those ways. None of the random residents interviewed had ever filed a grievance regarding an allegation of sexual abuse or sexual harassment.

The Director of Operations/PREA Compliance Manager explained during his interview that all resident grievances come to him for a final decision and understood the timeframes for responding to a PREA related grievance.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Kintock Group policy states:

- A time limit shall not be imposed on when a resident may submit a grievance regarding an allegation of sexual abuse and all grievances alleging sexual abuse or sexual assault shall be considered an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse and immediately reported to the contactor/investigative agency.
- Otherwise-applicable time limits may apply on any portion of a grievance that does not allege an incident of sexual abuse.
- Residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- The company has the ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.
- A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- Such grievance is not referred to a staff member who is the subject of the complaint.
- Kintock shall forward all grievances to the appropriate contractor and investigative agency.
- Kintock shall provide an initial response within 48 hours. The initial response

and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Whenever possible and upon receipt of final decision, it will be shared with the victim on the merits of any portion of a grievance alleging sexual abuse.

- The investigative agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. Kintock shall notify the resident in writing of any such extension and provide a date by which a decision will be made if available.

The The Kintock Group - Bridgeton Residential Programs reported zero (0) grievances related to sexual abuse or harassment for the past 12 months.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero (0).

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero (0).

(b) Kintock Group policy states:

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- If the resident declines to have the request processed on his or her behalf, Kintock shall document the resident's decision.

The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline was zero (0).

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero (0).

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours was zero (0).

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero (0).

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| | <p>(c) Kintock Group policy states:</p> <ul style="list-style-type: none"> • Kintock may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. <p>In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero (0)</p> <p>The Kintock Group provides multiple ways for residents to report allegations of sexual abuse and sexual harassment including a formal grievance process. The Kintock Group requires staff to forward all grievances related to sexual abuse and sexual harassment to the Director of Operations/PREA Compliance Manager. The Auditor reviewed the agency’s policies and procedures, and interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Resident Rulebook 3. PREA Brochure 4. PREA Posters 5. Services Empowering Rights of Victims <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manager Interview 2. Random staff interviews 3. Random resident interviews <p>During interviews with staff they indicated that residents are provided information about outside services available during the intake and orientation process and that additional information is posted and available in the resident rulebook.</p> <p>During resident interviews all indicated they received information at intake about outside service providers and information was provided about the confidentiality of</p> |

their interactions with the provider. Several also indicated they could speak with their Counselor if they needed those type of services. Residents understood that conversations with their Counselors and outside providers are confidential.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents email addresses and telephone numbers, including toll-free hotline numbers, of local, State, and national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet and resident rulebook provided at intake and on posters on bulletin boards and by resident phones.

(b) The Kintock Group informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.

The Resident Rulebook and policy states:

- *The facility shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.*
- *The facility shall 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. Kintock residents do not qualify as “vulnerable adults” in the State of NJ or PA. However, when Kintock employees learn of a PREA claim based on contractual agreement, the abuse or harassment shall be immediately reported to the contracting authority including the names of those involved and as much information concerning the alleged violation.*
- *Residents will be told upon admittance and in the confidential ways in which to report PREA violations anonymously by submitting a written grievance or by calling the Ombudsmen and/or SERV.*
- *Kintock shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.*

Residents are provided phone numbers to contact Services Empowering Rights of Victims for support services. Additionally, Residents have 24/7 access to free house phones and the majority of residents also have their own cell phones.

Posters were posted on the bulletin board in the hallway and in dayrooms. The

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| | <p>posters have addresses and phone number for Services Empowering Rights of Victims. Services Empowering Rights of Victims was contacted during the onsite audit, they explained they provide a whole list of services including hotline counseling services, crisis response, sexual assault services, and victim advocacy. Services Empowering Rights of Victims indicated that any correspondence with residents are confidential and they would only notify authorities if the resident gave them permission to do so.</p> <p>The Kintock Group maintains documentation it provides emotional support services for sexual abuse victims through a written agreement with Services Empowering Rights of Victims. Contact information for these organizations is provided to each resident upon intake, during orientation and is available throughout the facility. The Auditor reviewed the agency's policies, procedures, agreements, Resident Rulebook, pamphlet, interviewed staff and residents to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.254 | Third party reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Kintock Group Website (https://www.kintock.org/prea-information) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manager Interview 2. Random staff interviews 3. Random resident interviews <p>During interviews with staff they were asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation</p> <p>During interviews with residents they were asked what avenues were available for reporting sexual abuse or sexual harassment. Residents stated they could tell a staff member, write a request or inform another person to make an allegation for them. Residents were aware they could also report anonymously. Residents</p> |

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| | <p>understood they could have a family member, other resident or any other person file an allegation on their behalf.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a,b) The Kintock Group accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Kintock Group website. (https://www.kintock.org/prea-information)</p> <p>Reporting mechanisms are also outlined on the Kintock Group website, which is available to the general public. There is also a "<i>Click Here to File a PREA Complaint</i>" button online that allows for anonymous submissions to be made.</p> <p>Third parties can also contact any staff member at the facility verbally or in writing.</p> <p>The Auditor determined that Kintock Group staff accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the Kintock Group website how and to whom to make third-party reports on behalf of residents. The Auditor reviewed the agency's policies, procedures, website, training and education documents, Resident Handbook, posters, and conducted interviews with staff, volunteers and residents and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews <p>During random staff interviews it was understood that all information about any sexual abuse or harassment was immediately forwarded to the Director of Operations/PREA Compliance Manager and that all information was expected to be kept confidential.</p> |

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires 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. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse.

(b) Apart from reporting to their supervisor, staff refrains 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. The staff was able to clearly articulate during interviews the importance of keeping the information confidential. Any information collected following a report of sexual abuse or harassment is securely stored in the Director of Operations' office.

(c) The Kintock Group does not have onsite medical staff.

(d) The Kintock Group does not house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

(e) The Kintock Group staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Director of Operations/PREA Compliance Manager or designee for investigation. Staff interviewed were aware of their reporting responsibilities.

The Auditor concluded staff and volunteers are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. The Auditor reviewed agency policies, procedures, training materials and interviewed staff and residents and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.262 Agency protection duties

Auditor Overall Determination: Meets Standard

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| | <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manager <p>Interviews with the Director of Operations/PREA Compliance Manager indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) According to Kintock Group policy (Policy 3.05); <p>When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender</p> <p>In the past 12 months, the number of times the Kintock Group determined that a resident was subject to a substantial risk of imminent sexual abuse was zero (0).</p> <p>The Auditor concluded the Kintock Group takes immediate and appropriate actions to ensure the protection of residents who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policies, procedures, classification records, housing records, and conducted interviews with staff and residents and made observations and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.263 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault |

Interviews:

1. Director of Operations/PREA Compliance Manager
2. Random Staff

During the Director of Operations/PREA Compliance Manager interview, he understood that he was to report any information about sexual abuse at another facility to the head of such facility. Additionally, The Kintock Group staff understood that all allegations received about abuse at their facility is to be taken seriously, reported and investigated immediately.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Kintock Group policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero (0).

(b) Kintock Group policy states that within 72 hours of receipt of an allegation a resident was sexually abused while confined at another facility, the receiving Director of Operations will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications shall be documented and maintained in the resident's file.

(c) The Kintock Group documents all such notifications

(d) The Division Manager will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero (0)

The Director of Operations fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies, procedures, and interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:

1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault

Interviews:

1. PREA Coordinator Interview
2. Random Staff Interviews

Random staff interviews confirm their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in Kintock Group policy.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Kintock Group staff, upon learning of an allegation that a resident was sexually abused are required to:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- Request that the alleged victim not take any actions that could destroy physical evidence
 - including washing
 - brushing teeth
 - changing clothes
 - urinating or defecating
 - smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection of physical evidence.

Additionally, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence including:

- washing
- brushing teeth
- changing clothes
- urinating or defecating

- smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection of physical evidence.

A review of training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided.

In the past 12 months, the number of allegations that a resident was sexually abused was zero (0).

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0).

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero (0).

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero (0).

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was (0).

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was zero (0). Both allegations were against security staff members, therefore, security staff was not notified and these went directly to investigators.

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| | <p>The Auditor determined that staff are knowledgeable in their duties as first responders to sexual abuse. The Auditor reviewed agency policies, procedures, training records, conducted interviews with staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.265 | Coordinated response |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Resident Supervisor 2. Director of Facility Operations/Agency PREA Coordinator 3. Random Staff Interviews <p>Interviews with the Resident Supervisor, PREA Coordinator and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Kintock Group policy provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, investigators, and victim advocate services.</p> <p>The Auditor determined the Kintock Group’s coordinated response plan includes actions to ensure personnel respond appropriately to reports of sexual abuse. The Auditor reviewed policies, procedures, Flow Charts, and interviewed staff to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <p style="padding-left: 40px;">1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault</p> <p>Interviews:</p> <p style="padding-left: 40px;">1. Corporate Director of Facility Operations/Agency PREA Coordinator</p> <p>Site Review Observations:</p> <p style="padding-left: 40px;">1. Observations during on-site review of physical plant</p> <p>Kintock Group policy states:</p> <p><i>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</i></p> <p><i>Nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</i></p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> |

1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault
2. Retaliation Monitoring Forms

Interviews:

1. Director of Operations/PREA Compliance Manager

During an interview with the Director of Operations/PREA Compliance Manager he indicated he is responsible for monitoring for retaliation. The Residential Supervisor explained what steps she takes to monitor those who report abuse or harassment.

The Residential Supervisor indicated disciplinary charges, Incident Reports, classification actions, changes in behavior, and work assignments are reviewed. Documents reviewed by the Residential Supervisor are reviewed electronically and in written form. The Residential Supervisor discussed the review process if a resident alleges retaliation by a staff member. The Residential Supervisor periodically meets with residents who report abuse or harassment. The Auditor asked what the maximum amount of time they monitor for acts of retaliation. He indicated policy does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. The Auditor asked what actions may be taken to ensure inmates are protected if he discovers a resident is being retaliated against. The Residential Supervisor explained they can make housing adjustments, programming assignment changes, education adjustments, or move residents to another facility.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Kintock Group policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Director of Operations/PREA Compliance Manager or designee is responsible for monitoring.

(b) The Kintock Group has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The Residential Director of Operations/PREA Compliance Manager or designee will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. The Residential Director of Operations/PREA Compliance

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| | <p>Manager or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Director of Operations/PREA Compliance Manager or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>(d) The Director of Operations/PREA Compliance Manager or designee conducts status checks and that information is documented and maintained in the residents file.</p> <p>(e) The Director of Operations/PREA Compliance Manager or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.</p> <p>The number of times an incident of retaliation occurred in the past 12 months was zero (0).</p> <p>The Auditor determined the Kintock Group has a process in place to effectively monitor for retaliation against those that report sexual abuse and harassment. The Auditor reviewed policies, procedures, retaliation monitoring forms and interviewed staff to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator New Jersey Department of Corrections Investigator (Phone) <p>During his interview, the Corporate Director of Facility Operations/Agency PREA Coordinator stated he received specialized investigator training however, all allegations of sexual abuse and sexual harassment are immediately forwarded to the NJ Department of Corrections, NJ State Parole Board, Federal Bureau of Prisons or local law enforcement for investigation.</p> |

Investigators indicated they were provided investigation training which included interviewing sexual abuse victims, use of Miranda and Garrity warnings, protection of evidence, and criteria and evidence required to substantiate a case for administrative investigations and when to refer an investigation to criminal investigators.

Investigators stated that PREA investigations are initiated immediately by gathering all the basic information from the victim, perpetrator and any witnesses. All video and physical evidences is collected, documented and secured.

Investigators stated that the credibility of an alleged victim, suspect, or witness is based on the ability corroborate their statements against any evidence that has been collected.

The PREA Coordinator stated that they do not use a polygraph.

Administrative and criminal investigations are documented and contain all information gathered during the investigation including the victim allegation, suspect and witness statements, date, time and location of the incident, actions taken by staff and all evidence that was collected.

Investigators stated that investigations are completed regardless of whether the perpetrator leaves the facility or if the perpetrator is a staff member is terminated.

They also indicated that there is mutual cooperation and sharing of information throughout the investigation process.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Kintock Group policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) Where sexual abuse is alleged, the Kintock Group uses investigators who have received specialized training in sexual abuse investigations as required by 115.234 and the Director of Operations will be notified immediately.

(c) NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to the Des Moines Police Department as soon as possible.

(d) NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement is responsible for the criminal investigations that maybe referred for prosecution.

The The Kintock Group - Bridgeton Residential Programs reported the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero (0).

(e) An interview conducted with the Facility Investigator confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff.

(f) The Kintock Group conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding. All investigative files are securely kept in the Director of Operations office.

(g) Kintock Group staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and submit it to the Facility Investigator.

(h) The Kintock Group retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All investigation documents are securely stored in the Director of Operations office. Any documentation stored on the computer is password protected.

(i) Kintock Group policy states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(j) Not required to audit this provision

(k) The Kintock Group provides all of their internal reports to the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement as soon as possible following an allegation where allegations appear to be criminal. Kintock Group staff cooperates with investigators as requested.

The Auditor determined that Kintock Group investigations are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. and have received appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. The facility refers all administrative and criminal allegations to the NJ Department of Corrections, NJ State Parole Board or Federal Bureau of Prisons or local law enforcement for investigation. The Auditor reviewed facility policy, procedures, training records, interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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| 115.272 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
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| | <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator 2. New Jersey Department of Corrections Investigator (Phone) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Kintock Group policy requires that they investigate the allegation and indicate a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated.</p> <p>The Auditor determined facility investigators utilize a preponderance of evidence to substantiate sexual abuse and sexual harassment allegations. The Auditor reviewed the agency's policy; procedures, investigative reports, interviewed investigators and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.273 | Reporting to residents |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manager <p>Interviews with the PREA Compliance Manager indicated that residents are notified of the outcome of investigations involving sexual abuse regardless of who completed the investigation.</p> |

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Following an investigation into a resident's allegation that he suffered sexual abuse the Kintock Group informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.

The Kintock Group - Bridgeton Residential Programs reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was two (2).

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was two (2).

(b) The PREA Compliance Manager requests relevant information from outside investigators in order to inform the resident.

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was one (1).

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was one (1).

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the PREA Compliance Manager will subsequently inform the resident unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he has been sexually abused by another resident, the PREA Compliance Manager will 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 or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.

(f) Auditor is not required to audit this provision

The Auditor concluded the Kintock Group informs residents of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies,

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| | <p>procedures, notifications to inmates and conducted interviews with Investigators to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.276 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Kintock Group Policy states:</p> <p><i>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</i></p> <p>In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).</p> <p>In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) was zero (0).</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

| 115.277 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator 2. Contract Staff Interview <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Kintock Group Policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>Bridgeton Residential Programs reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero (0).</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

| 115.278 | Disciplinary sanctions for residents |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Resident Rulebook <p>Interviews:</p> |

1. Corporate Director of Facility Operations/Agency PREA Coordinator
2. Resident Interviews

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Kintock Group Offender Discipline Policy states:

Any resident found to have committed substantiated sexual harassment and/or a sexually abusive act shall no longer meet Kintock's community correction criteria and shall be discharged from the program and remanded to Parole or DOC. Further formal disciplinary actions will be sanctioned by the custodial law enforcement entity.

(b) Residents at Bridgeton Residential Programs are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).

(b) Bridgeton Residential Programs resident rule book reflects that sanctions shall be 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.

(c) The Kintock Group disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) Bridgeton Residential Programs is a short-term facility and does not provide therapy or other counseling services. If needed, residents will be referred to outside service provider for those services.

(e) Bridgeton Residential Programs will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

(g) The Kintock Group has a zero-tolerance policy concerning sexual contact.

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| | Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. |
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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manger 2. Medical Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Kintock Group policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>(b) All Kintock Group staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>(c) Kintock Group staff confirmed that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) Treatment services are 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.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

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| 115.283 | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of Operations/PREA Compliance Manger 2. Medical Staff 3. Random Staff <p>Interviews with administrative and medical staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital. All notifications are completed to the appropriate individuals and to follow outside medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols.</p> <p>Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Outside mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated outside mental health staff could see the victim and provide one-on-one counseling and make available outside emotional support services and follow-up care.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority. (b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. |
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| | <p>(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.</p> <p>(d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>(e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) Medical co-payment fees are not imposed to residents for any medical services.</p> <p>(h) Mental Health - After any emergency treatment is provided, outside health care staff may make a referral to outside mental health staff notifying them of the event</p> <p>Kintock Group staff has protocols in place to assist in expediting a resident to Inspira Health Center for emergency services. Also, facility staff will contact Services Empowering Rights of Victims to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Kintock Group policy requires a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been</p> |

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| | <p>substantiated, unless the allegation has been determined to be unfounded.</p> <p>(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>(c) The review team includes the Director of Operations/PREA Compliance Manager, Corporate Director of Facility Operations/Agency PREA Coordinator, Resident Manager, Medical staff and Investigators.</p> <p>(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>(e) Kintock Group policy requires the implementation of recommendations or documents its reasons for not doing so.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was zero (0).</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was zero (0).</p> <p>The Auditor determined the facility conducts incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the agency’s policies, procedures, training records, investigative record, conducted interviews with staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Kintock Group - Bridgeton Residential Programs provided the following |

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| | <p>documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) The Corporate Director of Facility Operations/Agency PREA Coordinator collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. (b) The Corporate Director of Facility Operations/Agency PREA Coordinator aggregates the incident-based sexual abuse data at least annually and submits data to the Chief Operating Officer for approval. (c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (d) The Kintock Group maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) The Kintock Group obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents. (f) The Kintock Group submits data to the Department of Justice upon request. The Kintock Group has not received any such requests during this audit cycle. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard: |

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| | <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Kintock Bridgeton - Annual Report (08/09/2023) 3. PREA Webpage - https://www.kintock.org/_files/ugd/10ffc7_66531796db8446d9b37071426f818820.pdf <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) The Kintock Group reviews 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 by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) The Kintock Group annual report includes 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 (c) The Kintock Group' annual report is reviewed by the Facility Director of Operations, Corporate Director of Facility Operations/Agency PREA Coordinator, and Chief Operating Officer and made available to the public on the Kintock Group website. (https://www.kintock.org/_files/ugd/10ffc7_66531796db8446d9b37071426f818820.pdf) (d) The Kintock Group indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Kintock Group - Bridgeton Residential Programs provided the following documents to assist the auditor in determining compliance with the standard: |

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| | <ol style="list-style-type: none"> 1. Policy 3.05 - Prison Rape Elimination Act Sexual Abuse/Assault 2. Annual Reports 3. PREA Webpage - (https://www.kintock.org/_files/ugd/10ffc7_66531796db8446d9b37071426f818820.pdf) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Corporate Director of Facility Operations/Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) The Kintock Group reviews 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 by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) The Kintock Group annual report includes 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</p> <p>(c) The Kintock Group’ annual report is reviewed by the Corporate Director of Facility Operations/Agency PREA Coordinator and made available to the public on the Kintock Group website. (https://www.kintock.org/_files/ugd/10ffc7_66531796db8446d9b37071426f818820.pdf)</p> <p>(d) The Kintock Group indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed the Kintock Group web page (https://www.kintock.org/prea-information) The page has posted All audit reports for their three (3) facilities’ audits completed through 2023. The Kintock Group works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>The auditor had access to the entire facility and was able to conduct confidential</p> |

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| | <p>staff and resident interviews and was provided documentation as need to assess compliance with the standards. Residents were aware they could send confidential correspondence to the auditor. Pre-audit postings were provided to the facility six weeks prior to the audit. Documentation the notices were posted was provide to the auditor and postings were seen in all areas of the facility during the tour.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |
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| 115.403 | Audit contents and findings |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed the Kintock Group web page (https://www.kintock.org/prea-information) The page has posted All audit reports for their three (3) facilities' audits completed through 2023. The Kintock Group works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> |

| Appendix: Provision Findings | | |
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| 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 |

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| | 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 |

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| | 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.) | yes |
| | 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.) | yes |
| 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? | yes |
| 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 |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| | 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 | yes |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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 | na |

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| | 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)). | na |
| | 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)). | na |
| | 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)). | na |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| 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).) | na |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 | |

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| (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 | |

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| | 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. | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 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 | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 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? | yes |
| 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? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 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? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 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? | yes |
| 115.271 | Criminal and administrative agency investigations | |

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| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 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? | yes |
| 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? | yes |
| 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).) | na |
| 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? | yes |
| 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 | yes |

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

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| | 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? | yes |
| 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 | |

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| | 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 |

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| | 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 |

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| | 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.) | yes |
| 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 | yes |

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| | 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 |

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| 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 | |

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| (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 |

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| 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 |

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| 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.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 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 |

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| | 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 |