

PREA Facility Audit Report: Final

Name of Facility: Residential Community Release Program

Facility Type: Community Confinement

Date Interim Report Submitted: 04/06/2022

Date Final Report Submitted: 04/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Chris Sweney	Date of Signature: 04/29/2022

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	03/08/2022
End Date of On-Site Audit:	03/08/2022

FACILITY INFORMATION	
Facility name:	Residential Community Release Program
Facility physical address:	53 Spruce Street, Newark, New Jersey - 07102
Facility mailing address:	47 Lincoln Park, Newark, New Jersey - 07102

Primary Contact	
Name:	Patricia Blanco
Email Address:	pablanca@curainc.org
Telephone Number:	973-645-4397

Facility Director	
Name:	Patricia Blanco
Email Address:	pablanca@curainc.org
Telephone Number:	973-645-4397

Facility PREA Compliance Manager	
Name:	Gladys Carrion
Email Address:	gcarrion@curainc.org
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	42
Current population of facility:	23
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	35-44 - 35%
Facility security levels/resident custody levels:	Minimum Level
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	CURA, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	35 Lincoln Park, Newark, New Jersey - 07102
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Orlando Perez	Email Address:	operez@curainc.org

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:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-08
2. End date of the onsite portion of the audit:	2022-03-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Save of Essex County - (973) 746-0800 https://www.familyserviceleague.org/save-of-essex#:~:text=SAVE%20of%20Essex%20County%20operates,%2C%20friends%2C%20and%20significahers.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	42
15. Average daily population for the past 12 months:	25
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	30
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:	0
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:	0
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:	0
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:	1

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:	0
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:	0
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:	0
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:	0
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	14
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:	0
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:	0
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:	10

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<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 resident population on the first day of the onsite review was 30. 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 11 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 and included both male and female residents.</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>1</p>
<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".</p>	
<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>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 with physical disabilities. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>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 with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>
<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 Inmate 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>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 are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>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 identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>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 identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and Inmate interviews</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>
<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 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>

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The 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.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	5
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
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):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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).	No text provided.
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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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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:	Cura Inc. reported zero sexual abuse investigations during the audit period. This was verified by the QI Director and PREA Compliance Manager during staff interviews.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

<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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Cura Inc. reported zero sexual harassment investigations during the audit period. This was verified by the QI Director and PREA Compliance Manager during staff interviews.</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 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 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>0</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 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>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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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
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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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
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Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

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

115.211	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA, Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. PREA Policy 115.211 – Pg. #1 2. CURA Inc. Organizational Chart Site Review <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator <p>Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc., RCRP has a zero-tolerance policy towards all forms of sexual abuse and harassment:</p> <p><i>The Prison Rape Elimination Act of 2003 (PREA) is a federal law that supports the elimination, reduction, and prevention of sexual abuse, assault, rape, harassment, and any type of sexual misconduct. CURA, Inc. is committed to abiding by this law and has a zero-tolerance policy toward any and all forms of sexual misconduct, whether these acts are committed by a resident on another resident or staff on a resident. CURA, Inc. does not recognize consensual sexual contact between staff and residents as a defense against allegations of sexual misconduct. All facilities/programs will comply with federal and state laws as they pertain to PREA, if there is a variation in laws, the stricter regulation will apply (PREA Standard§ 115.211a).</i></p> <p>The policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>CURA Inc.'s designated PREA Coordinator is indicated in their organizational chart. The PREA Coordinator indicated during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</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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115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 293">The CURA, Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <p data-bbox="229 293 1509 349">Interviews:</p> <ol data-bbox="229 349 1509 405" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator <p data-bbox="229 405 1509 461">Site Review Observations:</p> <ol data-bbox="229 461 1509 517" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 517 1509 573">The CURA, Inc. – RCRP does not contract with other entities to house their residents.</p> <p data-bbox="229 573 1509 658">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>

115.213	Supervision and monitoring
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 655 409" style="list-style-type: none"> 1. CURA Inc. Staffing Plan Policy 2. Staffing Plan Reviews (2019, 2020, 2021) <p data-bbox="240 436 339 461">Interviews:</p> <ol data-bbox="240 488 687 564" style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator <p data-bbox="240 591 480 616">Site Review Observations:</p> <ol data-bbox="240 642 746 667" style="list-style-type: none"> 3. Observations during on-site review of physical plant <p data-bbox="240 694 1489 869">The CURA Inc. RCRP and has a staffing plan which accounts for generally accepted practices; The CURA Inc. RCRP 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. Deviations from the staffing plan are documented and reported to the Program Supervisor. Staffing requirements are assessed annually and adjustments are made if necessary. Any changes to CURA Inc. RCRP staffing levels must be mutually agreed to by the NJDOC and CURA. Vacancies at any position are reported to the contract monitor at the New Jersey Department of Corrections.</p> <p data-bbox="240 896 1477 949">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>

115.215	<p>Limits to cross-gender viewing and searches</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. PREA Policy - Limits to Cross Gender 2. CURA Inc. PREA Policy - Enable Residents to Shower 3. CURA Inc. PREA Policy - Opposite Gender 4. CURA Inc. PREA Policy - Transgender and Intersex Residents 5. CURA Inc. PREA Policy - Search or Physically Examine Residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>CURA Inc. RCRP policy prohibits cross-gender pat searches, strip searches or cross-gender visual body cavity searches. CURA Inc. RCRP is a “hands free” facility. A WAND metal detector is used in lieu of hands on pat searches. The facility has implemented policies and procedures which enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their, buttocks, or genitalia, except when such viewing is incidental to routine checks. Facility staff is trained during initial orientation to conduct cross-gender pat searches, in case of an emergency. The CURA Inc. RCRP is an all-male facility. Generally female staff do not go into male housing areas; however, female staff are trained to announce anytime they near one of the common use restrooms or enter resident rooms. Resident and staff interview indicated this is a common practice.</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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115.216	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy Equal Opportunity 2. CURA Inc. Policy Use of Resident Interpreters 3. Resident Handbook (English/Spanish) 4. Victim Services Accessible to People with Disabilities Training Curriculum 5. Poster Zero Tolerance (English/Spanish) 6. PREA Poster (English/Spanish) 7. PREA Brochure (English/Spanish) 8. Staff Training Acknowledgement Forms 9. SAVE of Essex County Flyers for Emotional Support <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP takes steps and has a policy which ensures 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. The CURA Inc. RCRP provides residents a handbook which is available in English and Spanish and most staff are bilingual. Additionally, PREA posters and pamphlets are available in English and Spanish.</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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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy Hiring and Promotion Decisions 2. CURA Inc. Policy Consideration of Any Incidents 3. CURA Inc. Policy Criminal Background 4. CURA Inc. Policy Omissions of Misconduct 5. Employee Background Checks 6. Pre-Employment PREA Questions <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Human Resources Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>CURA Inc. does not hire, promote or contractor with anyone who may have contact with residents, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity. CURA Inc. considers any incidents of sexual harassment in determining whether to hire, promote, or contract with anyone who may have contact with residents.</p> <p>Before hiring new employees, who may have contact with residents, CURA Inc. submits all potential hires to NJDOC to conduct criminal background record checks; and 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.</p> <p>NJDOC also performs a criminal background records check before enlisting the services of any contractor who may have contact with residents.</p> <p>All employees are entered into a national system which notifies the NJDOC of any arrest of an employee, contract staff or volunteer. This process is immediate and continuous and exceeds the standard requiring background checks at least every five years. Additionally, policy requires staff to report any criminal charges immediately.</p> <p>As part of the background clearance application, all applicants are asked directly about previous sexual misconduct and CURA Inc. and NJDOC policy imposes upon employees a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>CURA Inc. 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>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>

115.218	Upgrades to facilities and technology
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 327">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 327 1509 360" style="list-style-type: none"> <li data-bbox="229 327 1509 360">1. CURA Inc. Pre-Audit Questionnaire <p data-bbox="229 360 1509 394">Interviews:</p> <ol data-bbox="229 394 1509 461" style="list-style-type: none"> <li data-bbox="229 394 1509 461">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 461 1509 495">Human Resources Staff</p> <p data-bbox="229 495 1509 669">CURA Inc. considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is also considered. CURA Inc. has not acquired a new facility or made a substantial expansion to their existing facility or installed or updated their video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit in 2019.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Administrative and Criminal Sexual Abuse Investigations 2. CURA Inc. PREA Response Plan 3. CURA Inc. PREA Immediate Response Procedures 4. CURA Inc. PREA Response Flowchart 5. CURA Inc. Uniform Protocol 6. CURA Inc. Forensic Medical Examinations 7. CURA Inc. Victim Support Services 8. MOU Between CURA & SAVE of Essex County <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director Interview 2. Program Facility Manager/PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the <i>"New Jersey Department of Community Programs, the Regional Institution-Northern State Prison, and the Special Investigations Division to ensure that these institutions have the proper information to conduct their investigation(s)."</i> CURA's response plan indicates that any victim of sexual abuse would be taken to University Hospital which is approved to assess, treat, provide prophylaxis, and gather forensic evidence without financial cost to residents. Examinations are performed by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p>CURA Inc makes available to the victim a victim advocate from SAVE of Essex County. CURA Inc. has an MOU (03/24/2021) with SAVE for these services. If requested by the victim, a victim advocate from the SAVE will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</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>

115.222	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy - Administrative and Criminal Sexual Abuse Investigations 2. CURA Inc. PREA Response Plan 3. CURA Inc. Policy – PREA Immediate Response Procedures 4. CURA Inc. PREA Response Flowchart 5. CURA Inc. Uniform Protocol 6. CURA Inc. Forensic Medical Examinations <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director Interview 2. Program Facility Manager/PREA Coordinator 3. Random Staff Interviews 4. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>CURA Inc. RCRP has a policy which ensures that all allegations of sexual abuse or harassment are turned over to the New Jersey Department of Corrections for investigation. Staff and resident interviews demonstrated a thorough understanding of this policy. Residents felt confident that staff at the RCRP would respond appropriately.</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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115.231	<p>Employee training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy – Zero Tolerance 2. CURA Inc. Training Curriculum 3. PRC – “How to Fulfill Their Responsibilities” 4. PRC – “Right of Residents & Employees to Be Free from Retaliation for Reporting” 5. PRC – “Dynamics of Sexual Abuse and Harassment in Confinement” 6. PRC – “Common Reactions of Victims” 7. PRC – “How to Detect and Respond to Signs of Abuse” 8. PRC – “How to Avoid Inappropriate Relationships with Residents” <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director Interview 2. Program Facility Manager/PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP provides all staff with initial and ongoing training which includes their zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation, abuse and all other components of this standard. Employee training is documented and maintained in the employee's personnel file. Staff interviews verified a comprehensive understanding of PREA related training.</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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115.232	Volunteer and contractor training
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 852 512" style="list-style-type: none"> 1. PREA Brochure (English/Spanish Version) 2. PREA Vendor Training-Unit 2-Curriculum-The Moss Group, Inc. 3. Volunteer & Contractor Training Curriculum 4. PREA Volunteer & Contractor Letter <p data-bbox="240 539 339 564">Interviews:</p> <ol data-bbox="240 591 687 616" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator <p data-bbox="240 642 480 667">Site Review Observations:</p> <ol data-bbox="240 694 746 719" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 745 1493 862">The CURA Inc. RCRP does not utilize volunteers or contract staff. However, all outside visitors to the facility are provided with and required to sign for information about PREA prior to having contact with residents. Information includes CURA Inc's zero tolerance policy and the visitor's duty to report instances of sexual abuse and harassment. Documentation of information provided to visitors is maintained at the facility. Due to Covid-19 CURA Inc. has suspended volunteers and contractors from coming into the facility.</p> <p data-bbox="240 889 1477 943">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>

115.233	<p>Resident education</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy - PREA Education Available to All Residents 2. CURA Inc. Policy - Zero-Tolerance 3. PREA Acknowledgement Form at Intake 4. PREA Brochure (English/Spanish) 5. PREA Poster (English/Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews (Intake Screening and Education) 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>All residents housed at the CURA Inc. RCRP are transferred from other NJDOC facilities. Resident interviews revealed that PREA related information is being provided several times before they are assigned to CURA. During the intake process a Counselor meets with residents and provides them with information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Information is available in multiple formats and languages (English Resident Handbook, Spanish Resident Handbook, Resident PREA Poster English/Spanish) The CURA Inc. RCRP maintains documentation of formal education sessions in the resident's file. Additionally, PREA related information is posted in all housing and common areas. Residents were very aware of the PREA standards.</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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115.234	Specialized training: Investigations
	<p data-bbox="229 125 1508 181">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 181 1508 237">Auditor Discussion</p> <p data-bbox="229 237 1508 327">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 327 1508 360" style="list-style-type: none"> <li data-bbox="229 327 1508 360">1. CURA Inc. Policy - Specialized Training-Investigations <p data-bbox="229 360 1508 394">Interviews:</p> <ol data-bbox="229 394 1508 450" style="list-style-type: none"> <li data-bbox="229 394 1508 450">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 450 1508 483">Site Review Observations:</p> <ol data-bbox="229 483 1508 539" style="list-style-type: none"> <li data-bbox="229 483 1508 539">1. Observations during on-site review of physical plant <p data-bbox="229 539 1508 707">The CURA Inc. RCRP does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. All allegations are forwarded to the New Jersey Department of Corrections (NJDOC) for investigation. All NJDOC investigators receive specialized PREA training which includes techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative action or prosecution.</p> <p data-bbox="229 707 1508 799">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>

115.235	Specialized training: Medical and mental health care
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 900 358" style="list-style-type: none"> 1. CURA Inc. Policy - Specialized Training – Medical and Mental Health <p data-bbox="240 387 339 412">Interviews:</p> <ol data-bbox="240 439 687 463" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator <p data-bbox="240 492 480 517">Site Review Observations:</p> <ol data-bbox="240 544 746 568" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 595 1422 649">The CURA Inc. RCRP does not have full or part-time medical staff on site. Any victim of sexual abuse would be taken to University Hospital. University Hospital is certified to provide emergency care and SAFE/SANE services.</p> <p data-bbox="240 676 1477 730">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>

115.241	<p>Screening for risk of victimization and abusiveness</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy – PREA Intake Screening 2. CURA Inc. Screening for Risk of Sexual Victimization and Abusiveness <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews (Intake Screening and Education) 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP screens all residents for risk of victimization and abusiveness during the intake process. The screening is completed by Counselors within the first few hours of arrival at the facility. The screening instrument includes all criteria outlined by this standard.</p> <p>Within the first thirty (30) days of arrival at the facility, the Counselor and the resident meet and reassess their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.</p> <p>Residents are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the residents file. Only authorized staff has access to these files.</p> <p>Ten (10) random resident files were reviewed during the audit. All files reviewed had the proper documentation showing risk screenings were completed.</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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115.242	<p>Use of screening information</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy – PREA Intake Screening 2. CURA Inc. Screening for Risk of Sexual Victimization and Abusiveness <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews (Intake Screening and Education) 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP uses information from the resident’s risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Transgender or intersex resident’s housing and programming assignments are consider on a case-by-case basis, placement considers the resident’s health and safety, and whether the placement would present management or security problems. Transgender or intersex resident’s placement is reassessed as needed.</p> <p>Transgender or intersex resident’s own views with respect to his or her own safety is given consideration.</p> <p>Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p>The CURA Inc. RCRP does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units based solely on identification or status.</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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115.251	<p>Resident reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy - PREA Multiple Ways to Report 2. CURA Inc. Policy - Zero-Tolerance 3. Resident Handbook (English/Spanish) 4. PREA Brochure (English/Spanish) 5. PREA Poster (English/Spanish) 6. SAVE of Essex County Flyers Emotional Support Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews (Intake Screening and Education) 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident rooms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for SAVE of Essex County Hot-line and the New Jersey Ombudsman's office. Residents were very aware of all reporting options.</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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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. Policy - Administrative Procedures 2. CURA Inc. Policy – Submission of Grievances 3. CURA Inc. Policy – Informal Grievance Process 4. CURA Inc. Grievance Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP does not impose a time limit when a resident submits a grievance regarding an allegation of sexual abuse, nor does it require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The CURA Inc. RCRP insures the grievance is not refereed to the staff member who is the subject of the complaint. The CURA Inc. RCRP issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p>This time period does not include time consumed by residents in preparing any administrative appeal. The CURA Inc. RCRP 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. The CURA Inc. RCRP notifies the resident in writing of any such extension and provides a date by which a decision will be made.</p> <p>If the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are 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, the CURA Inc. RCRP documents the resident's decision.</p> <p>The CURA Inc. RCRP has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Staff immediately forwards the grievance to a level of review at which immediate corrective action is taken. An initial response is provided within 48 hours, and a final decision is made within 5 calendar days.</p> <p>In the past twelve months the CURA Inc. RCRP has not received any grievances dealing with sexual abuse or harassment. Residents were aware that they could submit a grievance or emergency grievance to address sexual abuse and harassment.</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>

115.253	Resident access to outside confidential support services
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 250 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 804 566" style="list-style-type: none"> <li data-bbox="240 333 746 358">1. The CURA Inc. Policy - Emotional Support Services <li data-bbox="240 385 724 409">2. CURA Inc. Resident Handbook (English/Spanish) <li data-bbox="240 436 588 461">3. PREA Brochure (English/Spanish) <li data-bbox="240 488 564 512">4. PREA Poster (English/Spanish) <li data-bbox="240 539 804 564">5. SAVE of Essex County Flyers Emotional Support Services <p data-bbox="240 593 339 618">Interviews:</p> <ol data-bbox="240 645 541 719" style="list-style-type: none"> <li data-bbox="240 645 501 669">1. Random Staff Interviews <li data-bbox="240 696 541 721">2. Random Resident Interviews <p data-bbox="240 748 480 772">Site Review Observations:</p> <ol data-bbox="240 799 746 824" style="list-style-type: none"> <li data-bbox="240 799 746 824">1. Observations during on-site review of physical plant <p data-bbox="240 853 1477 936">The CURA Inc. RCRP provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided mailing addresses and toll-free telephone numbers. The CURA Inc. RCRP has a signed MOU with SAVE of Essex County to provide these services. Residents are aware of the extent to which such communications are monitored.</p> <p data-bbox="240 965 1477 1021">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>

115.254	Third party reporting
	<p data-bbox="229 125 1508 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1508 237">Auditor Discussion</p> <p data-bbox="229 237 1508 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1508 517" style="list-style-type: none"> <li data-bbox="229 293 1508 349">1. The CURA Inc. Policy - Emotional Support Services <li data-bbox="229 349 1508 405">2. CURA Inc. Resident Handbook (English/Spanish) <li data-bbox="229 405 1508 461">3. PREA Brochure (English/Spanish) <li data-bbox="229 461 1508 517">4. PREA Poster (English/Spanish) <p data-bbox="229 517 1508 573">Interviews:</p> <ol data-bbox="229 573 1508 663" style="list-style-type: none"> <li data-bbox="229 573 1508 629">1. Random Staff Interviews <li data-bbox="229 629 1508 663">2. Random Resident Interviews <p data-bbox="229 663 1508 719">Site Review Observations:</p> <ol data-bbox="229 719 1508 775" style="list-style-type: none"> <li data-bbox="229 719 1508 775">1. Observations during on-site review of physical plant <p data-bbox="229 775 1508 887">The CURA Inc. RCRP has processes to receive third-party reports of sexual abuse and sexual harassment. Information on how to make a third-party report is posted on the CURA Inc. web-site. Residents were aware that third party reports could be made and would be addressed in the manner of a first hand report.</p> <p data-bbox="229 887 1508 976">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>

115.261	Staff and agency reporting duties
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 908 512" style="list-style-type: none"> 1. CURA Inc. - Staff to Report Any Knowledge, Suspicion, or Information 2. CURA Inc. - Retaliation Against Residents 3. CURA Inc. - Staff Neglect or Violation of Responsibilities 4. CURA Inc. - Resident Handbook (English/Spanish) <p data-bbox="240 539 339 564">Interviews:</p> <ol data-bbox="240 591 687 719" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews 3. Random Resident Interviews <p data-bbox="240 745 480 770">Site Review Observations:</p> <ol data-bbox="240 797 746 822" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 848 1477 936">CURA Inc. RCRP policy requires all staff immediately report and document sexual abuse and sexual harassment including third-party and anonymous reports. Staff is prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. During the initial intake assessment, Counselors informs Residents of staff's duty to report and limits of confidentiality.</p> <p data-bbox="240 963 1477 1016">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>

115.262	Agency protection duties
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 429 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 766 358" style="list-style-type: none"> 1. CURA Inc. - Immediate Action to Protect the Resident <p data-bbox="240 385 339 409">Interviews:</p> <ol data-bbox="240 436 687 512" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff <p data-bbox="240 539 576 564">Interviews Site Review Observations:</p> <ol data-bbox="240 591 746 616" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 642 1485 696">CURA Inc. RCRP policy and training requires immediate action to protect residents that are at a substantial risk of sexual abuse. Resident risk levels are assessed on a regular basis and housing assignments may be changed if needed.</p> <p data-bbox="240 723 1150 748">There were no incidents of a substantial risk of imminent sexual abuse reported in the last 12 months.</p> <p data-bbox="240 775 1477 828">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>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. - Upon Receiving an Allegation 2. CURA Inc. - Provide Such Notification no later than 72 Hours 3. CURA Inc. - Allegations Received from Other Facilities <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator 3. Random Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The CURA Inc. RCRP has policies that address allegations that a Resident was sexually abused while confined at another facility; the policy requires the Program Facility Manager to notify the head of the agency where the incident is alleged to have occurred. This notification is made within 72 hours of receiving the information and documented. The Program Facility Manager/PREA Coordinator was able to articulate this process during his interview.</p> <p>No residents have made allegations of abuse at other facilities during the past 12 months.</p> <p>There were no allegations of sexual abuse received from other facilities in the past 12 months.</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>

115.264	Staff first responder duties
	<p data-bbox="229 125 1508 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1508 237">Auditor Discussion</p> <p data-bbox="229 237 1508 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1508 416" style="list-style-type: none"> 1. CURA Inc. - First Responder Policy 2. CURA Inc. - PREA Immediate Response Procedures Card <p data-bbox="229 416 1508 450">Interviews:</p> <ol data-bbox="229 450 1508 618" style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator 3. Random Staff Site <p data-bbox="229 618 1508 651">Review Observations:</p> <ol data-bbox="229 651 1508 730" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 730 1508 898">The CURA Inc. RCRP has a policy and provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff interviews showed a thorough understanding of their first responder duties.</p> <p data-bbox="229 898 1508 954">CURA Inc. reported no incidents of allegations related to sexual abuse in the past 12 months.</p> <p data-bbox="229 954 1508 1068">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>

115.265	Coordinated response
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 432 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 333 743 461" style="list-style-type: none"> 1. CURA Inc. - PREA Coordinated Response Plan 2. CURA Inc. - Coordinated Response Policy 3. CURA Inc. - Coordinated Response Plan Flowchart <p data-bbox="240 488 341 512">Interviews:</p> <ol data-bbox="240 539 687 667" style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator 3. Random Staff Site <p data-bbox="240 694 480 719">Site Review Observations:</p> <p data-bbox="240 745 707 770">Observations during on-site review of physical plant</p> <p data-bbox="240 826 1458 880">The CURA Inc. RCRP has a coordinated response plan which includes first responders, off site medical and mental health practitioners, NJDOC investigators, and facility leadership.</p> <p data-bbox="240 907 1474 960">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>

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 327">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 327 1509 360" style="list-style-type: none"> 1. CURA Inc. – Pre-Audit Questionnaire <p data-bbox="229 360 1509 394">Interviews:</p> <ol data-bbox="229 394 1509 517" style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator <p data-bbox="229 517 1509 551">Site Review Observations:</p> <ol data-bbox="229 551 1509 584" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 584 1509 674">The CURA Inc. RCRP has space and ability to protect residents from known abusers. CURA Inc. RCRP employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p data-bbox="229 674 1509 792">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>

115.267	<p>Agency protection against retaliation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. - Protection of All Residents & Staff Who Report Sexual Abuse <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/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) CURA Inc. 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 Program Facility Manager/PREA Coordinator or designee is responsible for monitoring. (b) CURA Inc. 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 Program Facility Manager/PREA Coordinator 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 Program Facility Manager/PREA Coordinator or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Program Facility Manager/PREA Coordinator or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) The Program Facility Manager/PREA Coordinator or designee conducts status checks and that information is documented and maintained in the residents file. (e) The Program Facility Manager/PREA Coordinator 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>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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. CURA Inc. - Criminal and Administrative Agency Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator 3. Random Staff Interviews <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) CURA Inc. 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, CURA Inc. refers investigations to the NJDOC who uses investigators who have received specialized training in sexual abuse investigations as required by 115.234. (c) NJDOC Investigators 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 NJDOC Investigators as soon as possible. (d) NJDOC Investigators are responsible for the criminal investigations that maybe referred for prosecution. (e) An interview conducted with the Program Facility Manager 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. CURA Inc. refers all allegations of sexual abuse to the NJDOC. (f) CURA Inc. and/or the NJDOC 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. (g) CURA Inc. staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Program Facility Manager. (h) CURA Inc. retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (i) CURA Inc. 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) CURA Inc. provides all of their internal reports to NJDOC Investigators as soon as possible following an allegation. NJDOC staff cooperates with investigators as requested. <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>

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="240 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 197 427 221">Auditor Discussion</p> <p data-bbox="240 253 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 336 783 360" style="list-style-type: none"> 1. CURA Inc. - Standards of a Preponderance of Evidence <p data-bbox="240 389 339 414">Interviews:</p> <ol data-bbox="240 443 687 618" style="list-style-type: none"> 1. QI Director 2. Program Facility Manager/PREA Coordinator 3. NJDOC Investigator 4. Random Staff Interviews <p data-bbox="240 647 480 672">Site Review Observations:</p> <ol data-bbox="240 701 1477 864" style="list-style-type: none"> 1. Observations during on-site review of physical plant 2. (a) CURA Inc. policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The NJDOC investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. <p data-bbox="240 893 1369 947">Interviews with the NJDOC Investigator indicated they conduct fact finding investigations and make conclusions following their investigations and determine the best course of action based on the preponderance of evidence.</p> <p data-bbox="240 976 1477 1030">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>

115.273	Reporting to residents
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1509 416" style="list-style-type: none"> <li data-bbox="229 293 1509 349">1. CURA Inc. - Resident is Informed Verbally and in Writing <li data-bbox="229 349 1509 416">2. CURA Inc. - Requiring Notification <p data-bbox="229 416 1509 461">Interviews:</p> <ol data-bbox="229 461 1509 517" style="list-style-type: none"> <li data-bbox="229 461 1509 517">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 517 1509 562">Site Review Observations:</p> <ol data-bbox="229 562 1509 618" style="list-style-type: none"> <li data-bbox="229 562 1509 618">1. Observations during on-site review of physical plant <p data-bbox="229 618 1509 707">The New Jersey Department of Corrections (NJDOC) is responsible for informing offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the resident to discuss the findings. Processes are in place to notify an offender of the outcome of an investigation involving staff sexual misconduct.</p> <p data-bbox="229 707 1509 752">There were no allegations of sexual abuse reported in the past 12 months.</p> <p data-bbox="229 752 1509 864">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>

115.276	Disciplinary sanctions for staff
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 327">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 327 1509 360" style="list-style-type: none"> 1. CURA Inc. - Staff Disciplinary Sanctions <p data-bbox="229 360 1509 394">Interviews:</p> <ol data-bbox="229 394 1509 517" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews <p data-bbox="229 517 1509 551">Site Review Observations:</p> <ol data-bbox="229 551 1509 584" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 584 1509 730">The CURA Inc. RCRP has a policy that addresses staff sexual misconduct. Sanctions include termination and criminal prosecution. Termination is the presumptive disciplinary sanction for staff that engages in sexual misconduct. Investigations are completed even if the employee chooses to resign. Random staff interviews showed a clear understanding that sexual misconduct is not acceptable.</p> <p data-bbox="229 730 1509 763">CURA Inc. reported no staff has been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.</p> <p data-bbox="229 763 1509 875">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
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 327">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 327 1509 360" style="list-style-type: none"> 1. CURA Inc. - Contractor or Volunteer Reported to Law Enforcement Agencies <p data-bbox="229 360 1509 394">Interviews:</p> <ol data-bbox="229 394 1509 517" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews <p data-bbox="229 517 1509 551">Site Review Observations:</p> <ol data-bbox="229 551 1509 584" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 584 1509 730">The CURA Inc. RCRP does not regularly use contractors or volunteers. However, CURA Inc. RCRP does have policies in place to address contractors or volunteers that may engage in sexual abuse of an offender. Additionally, all visitors to the CURA Inc. RCRP are required to sign for PREA related information.</p> <p data-bbox="229 730 1509 822">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
	<p data-bbox="229 125 1508 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1508 237">Auditor Discussion</p> <p data-bbox="229 237 1508 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1508 416" style="list-style-type: none"> <li data-bbox="229 293 1508 349">1. CURA Inc. - Residents Subject to Disciplinary Sanctions <li data-bbox="229 349 1508 416">2. CURA Inc. Resident Handbook (English/Spanish) <p data-bbox="229 416 1508 450">Interviews:</p> <ol data-bbox="229 450 1508 573" style="list-style-type: none"> <li data-bbox="229 450 1508 506">1. Program Facility Manager/PREA Coordinator <li data-bbox="229 506 1508 573">2. Random Resident Interviews <p data-bbox="229 573 1508 607">Site Review Observations:</p> <ol data-bbox="229 607 1508 685" style="list-style-type: none"> <li data-bbox="229 607 1508 685">1. Observations during on-site review of physical plant <p data-bbox="229 685 1508 909">The CURA Inc. RCRP forwards all allegations of resident sexual abuse and harassment to the NJDOC. NJDOC has a formal disciplinary process which addresses residents that engage in sexual abuse. Sanctions are 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. NJDOC’s disciplinary process considers whether a resident’s mental status contributed to his behavior when determining what type of sanction to impose. NJDOC’s policy allow for the punishment of a resident for engaging in sexual contact with a staff member only if the staff member did not consent to the act. Resident interviews reveled a thorough understanding that sexual contact between residents and/or staff was not acceptable.</p> <p data-bbox="229 909 1508 965">CURA Inc. reported no residents were disciplined for violations of their sexual abuse or harassment policy.</p> <p data-bbox="229 965 1508 1046">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>

115.282	Access to emergency medical and mental health services
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1509 472" style="list-style-type: none"> <li data-bbox="229 293 1509 349">1. CURA Inc. - Emergency Medical Treatment and Crisis Intervention Service <li data-bbox="229 349 1509 405">2. CURA Inc. - Victims of Sexual Abuse <li data-bbox="229 405 1509 472">3. NJDOC – Medical Request Form <p data-bbox="229 472 1509 528">Interviews:</p> <ol data-bbox="229 528 1509 618" style="list-style-type: none"> <li data-bbox="229 528 1509 562">1. Program Facility Manager/PREA Coordinator <li data-bbox="229 562 1509 618">2. Random Staff Interviews <p data-bbox="229 618 1509 674">Site Review Observations:</p> <ol data-bbox="229 674 1509 730" style="list-style-type: none"> <li data-bbox="229 674 1509 730">1. Observations during on-site review of physical plant <p data-bbox="229 730 1509 842">Upon receiving a report of sexual abuse, the CURA Inc. RCRP does not restrict access to emergency medical treatment. Victims are transferred to University Hospital and attended to by qualified medical staff at no charge. Victims of sexual abuse receive medical attention regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p data-bbox="229 842 1509 925">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>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="239 141 687 165">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="239 197 429 221">Auditor Discussion</p> <p data-bbox="239 250 1477 306">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="239 333 951 409" style="list-style-type: none"> 1. CURA Inc. - Emergency Medical Treatment and Crisis Intervention Service 2. CURA Inc. - Victims of Sexual Abuse <p data-bbox="239 439 339 463">Interviews:</p> <ol data-bbox="239 490 687 566" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator 2. Random Staff Interviews <p data-bbox="239 595 480 620">Site Review Observations:</p> <ol data-bbox="239 647 746 672" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="239 698 1477 813">CURA Inc. provides resident victims of sexual abuse, unimpeded access to emergency medical treatment and crisis intervention services. Resident victims of sexual abuse are transferred to the NJDOC and offered timely information about and access to sexually transmitted diseases. Services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p data-bbox="239 840 1477 896">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>

115.286	Sexual abuse incident reviews
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 315">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 315 1509 416" style="list-style-type: none"> 1. CURA Inc. Policy - Conducting a Sexual Abuse Incident Review 2. CURA Inc. – PREA Incident Review Form <p data-bbox="229 416 1509 450">Interviews:</p> <ol data-bbox="229 450 1509 528" style="list-style-type: none"> 1. Program Facility Manager/PREA Coordinator <p data-bbox="229 528 1509 562">Site Review Observations:</p> <ol data-bbox="229 562 1509 640" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="229 640 1509 797">The CURA Inc. RCRP conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Reviews are completed within 30 days of the conclusion of the investigation. The review team includes upper-level management staff, NJDOC investigators, and outside medical or mental health practitioners. The review team looks at all aspects that may have contributed to the incident including staffing levels and camera placement, policy needs, and motivating factors. The review team's findings and recommendations are documented.</p> <p data-bbox="229 797 1509 853">In the twelve months prior to the onsite audit there have been no incidents which required an incident review.</p> <p data-bbox="229 853 1509 931">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>

115.287	Data collection
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1509 416" style="list-style-type: none"> <li data-bbox="229 293 1509 349">1. CURA Inc. Policy – Data Collection <li data-bbox="229 349 1509 416">2. CURA Inc. Annual Reports (2019, 2020, 2021) <p data-bbox="229 416 1509 450">Interviews:</p> <ol data-bbox="229 450 1509 517" style="list-style-type: none"> <li data-bbox="229 450 1509 517">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 517 1509 551">Site Review Observations:</p> <ol data-bbox="229 551 1509 618" style="list-style-type: none"> <li data-bbox="229 551 1509 618">1. Observations during on-site review of physical plant <p data-bbox="229 618 1509 730">The CURA Inc. RCRP collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Data is aggregated and reviewed annually. The CURA Inc. RCRP maintains reviews and collects data as needed from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="229 730 1509 822">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>

115.288	Data review for corrective action
	<p data-bbox="229 125 1508 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1508 237">Auditor Discussion</p> <p data-bbox="229 237 1508 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1508 517" style="list-style-type: none"> <li data-bbox="229 293 1508 349">1. CURA Inc. Policy – Data Review <li data-bbox="229 349 1508 405">2. CURA Inc. Corrective Action Plan <li data-bbox="229 405 1508 461">3. CURA Inc. Annual Reports (2019, 2020, 2021) <li data-bbox="229 461 1508 517">4. CURA Inc. Website - http://curainc.org/about-cura-inc/# <p data-bbox="229 517 1508 573">Interviews:</p> <ol data-bbox="229 573 1508 629" style="list-style-type: none"> <li data-bbox="229 573 1508 629">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 629 1508 685">Site Review Observations:</p> <ol data-bbox="229 685 1508 741" style="list-style-type: none"> <li data-bbox="229 685 1508 741">1. Observations during on-site review of physical plant <p data-bbox="229 741 1508 909">The CURA Inc. RCRP reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action. The report is approved by the QI Director and made readily available to the public on their website (http://curainc.org/about-cura-inc/#). CURA Inc. RCRP redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility.</p> <p data-bbox="229 909 1508 983">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>

115.289	Data storage, publication, and destruction
	<p data-bbox="229 125 1509 181">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="229 181 1509 237">Auditor Discussion</p> <p data-bbox="229 237 1509 293">The CURA Inc. – Residential Community Release Program (RCRP) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="229 293 1509 472" style="list-style-type: none"> <li data-bbox="229 293 1509 349">1. CURA Inc. Policy - Data Storage <li data-bbox="229 349 1509 405">2. CURA Inc. Annual Reports (2019, 2020, 2021) <li data-bbox="229 405 1509 472">3. CURA Inc. Website - http://curainc.org/about-cura-inc/# <p data-bbox="229 472 1509 528">Interviews:</p> <ol data-bbox="229 528 1509 584" style="list-style-type: none"> <li data-bbox="229 528 1509 584">1. Program Facility Manager/PREA Coordinator <p data-bbox="229 584 1509 640">Site Review Observations:</p> <ol data-bbox="229 640 1509 696" style="list-style-type: none"> <li data-bbox="229 640 1509 696">1. Observations during on-site review of physical plant <p data-bbox="229 696 1509 763">The CURA Inc. RCRP retains all documentation related to cases of sexual abuse and data collected as a result of these incidents. Annual reports are submitted to NJDOC and posted on their website.</p> <p data-bbox="229 763 1509 844">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>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This was CURA Inc. RCRP's second audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview residents and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor viewed on the agency's website the CURA Inc. RCRP's previous Final PREA Audit Report. CURA Inc. ensures that all final reports are published on their website.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	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 staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	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, 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 require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 (f)	Hiring and promotion decisions	
	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.)	na
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 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.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)).	na
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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
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.)	na
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.)	na
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.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
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: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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 alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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 (h)	Criminal and administrative agency investigations	
	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 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.)	na

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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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	
	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 condition of access to programming and other benefits?	yes
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	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.)	no
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 same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes