

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

Interim       Final

**Date of Interim Audit Report:** 6/28/2021       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      Click or tap here to enter text.

### Auditor Information

<b>Name:</b> Sonya Love	<b>Email:</b> sonya.love-smith@nakamotogroup.com
<b>Company Name:</b> The Nakamoto Group	
<b>Mailing Address:</b> 11820 Parklawn Dr., Suite 240	<b>City, State, Zip:</b> Rockville, MD 20852
<b>Telephone:</b> 301-468-6535	<b>Date of Facility Visit:</b> May 4-5, 2021

### Agency Information

<b>Name of Agency:</b> The Kintock Group Newark			
<b>Governing Authority or Parent Agency (If Applicable):</b> The Kintock Group, Inc.			
<b>Physical Address:</b> 50 Fenwick St.		<b>City, State, Zip:</b> Newark, New Jersey 07114	
<b>Mailing Address:</b> Same		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://www.kintock.org/prea-information">https://www.kintock.org/prea-information</a>			

### Agency Chief Executive Officer

<b>Name:</b> Walter Simpkins	
<b>Email:</b> walter.simpkins@kintock.org	<b>Telephone:</b> 610-687-1336

### Agency-Wide PREA Coordinator

<b>Name:</b> Nicole Cucinotta	
<b>Email:</b> nicola.cucinotta@kintock.org	<b>Telephone:</b> 610-225-3663
<b>PREA Coordinator Reports to:</b> Paul Taggines, COO	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 3

## Facility Information

**Name of Facility:** The Kintock Group of Newark, NJ,

**Physical Address:** 50 Fenwick St

**City, State, Zip:** Newark, New Jersey 07114

**Mailing Address (if different from above):**  
Click or tap here to enter text.

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

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <https://www.kintock.org/prea-information>

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
The facility underwent an ACA accreditation in December 2020 and usually has one non-accreditation audit completed by NJ, State Parole Annually. That did not occur in 2020 due to the pandemic. Internal audits were conducted throughout the year by a corporate compliance team.

### Facility Director

**Name:** Gregory Bartkowski

**Email:** Gregory.bartkowski@kintock.org

**Telephone:** 973-792-6258

### Facility PREA Compliance Manager

**Name:** Gregory Bartkowski

**Email:** Gregory.bartkowski@kintock.org

**Telephone:** 973-792-6258

**Facility Health Service Administrator**  N/A

**Name:** Danna Williams

**Email:** dynamicmedicalworks@gmail.com

**Telephone:** Click or tap here to enter text.

### Facility Characteristics

**Designated Facility Capacity:**

215-528-3005

Current Population of Facility:	113	
Average daily population for the past 12 months:	323	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	21-90	
Average length of stay or time under supervision	90 days	
Facility security levels/resident custody levels	Community	
Number of residents admitted to facility during the past 12 months	577	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	577	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	577	
Does the audited facility hold residents for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: NJ, Board of Probation and Parole <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	147	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	77	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	28
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	25
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**Investigations**

**Criminal Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
---	---

<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
--	--

<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Contractor) Bureau of Prisons, NJ, Department of Corrections, NJ, Parole <input type="checkbox"/> N/A
--	--

**Administrative Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	0
---	---

<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
---	--

<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Contractor) Bureau of Prisons, NJ, Department of Corrections, NJ, Parole) <input type="checkbox"/> N/A
--	---

# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Overall methodology

The Auditor used a data triangulated model to confirm PREA compliance with each standard and substandard. The triangulation model compares, and contrast two or more data points obtained from different sources to confirm PREA compliance. Using a data triangulation or cross examination model provides the Auditor with a dual method or in some cases a three-way method to confirm data obtained from multiple sources regarding a standard. Ideally, the triangulated model enhances reliability of data collected and analyzed about a specific facility or agency's overall compliance with the Prison Rape Elimination Act (PREA).

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Kintock Newark (KN) is owned and operated by The Kintock Group, Newark, NJ,. It is a private, not-for-profit operation contracting exclusively with the NJ,DOC. The Kintock Group Newark community corrections programs have two active facilities. One houses the NJ,DOC Work Release program for adult male offenders, while the other houses female and male parolees enrolled in the Stages to Enhance Parolees Success (STEPS) program. Altogether, 129 out of 183 program participants are employed, and seven residents attend higher education or trade school. These programs serve as a second chance for the residents to make better decisions and engage in different activities.

### STEPS PROGRAM

The Kintock Group STEPS program consists of male and female residents coming directly from state prison, county jail, or district offices throughout the state on graduated sanctions. The programming component consists of Life Skills, Stress and Anger Reduction, Drug and Alcohol Counseling, Gang Intervention, Employment Readiness, and Computer Literacy. Rutgers New Jersey Medical School began working with the Kintock Group STEPS program 12 years ago as part of their Public Understanding of Medicine in Action (PUMA) program. It started as an 8-week session and has evolved into a 10-week session due to the enthusiasm of the medical students and residents. Approximately 10 to 12 medical students lead the mini-health lectures on topics that include exercise, nutrition, mental health, immunizations, vaccines, stress, and various medical conditions such as cardio-vascular disease, cancer, diabetes, and sexually transmitted illnesses.

When residents move out of the treatment phase and into the work-release phase of the program, they begin job searching with the assistance of an employment specialist. During the audit, thirteen of twenty-one work-eligible residents were employed at various work sites. The average length of stay for a STEPS resident is 90-180 days, and once they have completed the program, the Parole Board releases them back to their parole district to continue the path to success.

### **NJ,DOC TREATMENT TO WORK RELEASE PROGRAM**

The Work Release program assists the residents with securing the community linkages and resources that they will need upon their release. The staff works closely with community agencies on the basics, from obtaining birth certificates, social security cards, and non-driver's identification to locating adequate housing.

The employment services department, staffed with employment counselors, work with the residents to identify employment opportunities that match their skills. Residents have an opportunity to enroll in GED, college, or vocational/educational classes.

**At the time of the audit, 95 of the 166 residents were employed;** one was enrolled in GED; five were enrolled in community college, and two were enrolled in culinary arts training classes. KN presently works with over 38 employers who have given residents employment opportunities. KN receives calls from employers weekly requesting additional residents to fill vacancies. The employers appreciate the benefit of having an employment counselor to coach the residents on workplace issues. Once residents are employed, their case managers work with them on managing their finances. Residents are required to open savings accounts and make regular deposits according to their pay. This is also an opportunity to make payments towards their restitution, fines, and child support. For many residents, this is the first time they have been in a position to be responsible for themselves, utilizing pro-social resources. They share how being in the community and interacting with others while at school and work gives them a different perspective and feeling of value.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 39

### Standards Not Met

**Number of Standards Not Met:** 0

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

### Corrective Actions:

Standard 115.213: Supervision and monitoring **Corrected**

Standard 115.217: Hiring and promotion decisions **Corrected**

Standard 115.235: Specialized training: Medical and mental health care **Corrected**

Standard 115.241: Screening for risk of victimization and abusiveness **Corrected**



## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault address Standard 115.211.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, has a written policy that mandates an agency-wide zero-tolerance policy against sexual harassment/sexual abuse. Likewise, the same policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual

harassment allegations. The agency has employed and designated an agency-wide PREA Coordinator. Based on her position on the agency organization chart, the PREA Coordinator's position is at the upper level of the agency hierarchy. The Auditor interviewed the PREA Coordinator for this audit. The PREA Coordinator confirmed during her interview that she had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The Site Administrator (SA) serves as the PREA Compliance Manager (PCM) for the Kintock, Newark, NJ, facility. Kintock, Newark, NJ, met the requirements of Standard 115.211.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Policy 3.05 Personnel/PREA Sexual Abuse/Assault
3. Employee PREA training Curriculum and Sign-in sheets
4. Employee Handbook
5. 2018 Corporate Organizational Chart
6. Interviews with the following PREA Coordinator
7. Interview with the PREA Compliance Manager

## **Standard 115.212: Contracting with other entities for the confinement of residents**

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

#### **115.212 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  N/A

#### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  N/A

#### **115.212 (c)**

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  N/A

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility does not contract with other facilities for the confinement of its residents.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes    No    NA

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes    No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes    No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes    No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes    No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan address Standard 115.213.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan, mandates each facility to develop a staffing plan that provides adequate staff levels, where applicable, video monitoring to protect residents against sexual abuse.

Kintock Group's Newark, NJ, facility has a documented staffing plan that provides for adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse. In the past 12 months, the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of Standard 115.213. On January 19, 2021, The Kintock Group

conducted an annual staffing review. In the past 12 months, the facility has assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns, considered if adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies and whether adjustments are needed to the resources the facility has available to commit to ensuring adequate staffing levels.

Problematic, minutes from the annual staffing review meeting indicate that factors outlined in Standard 115.213 (a) were considered during the meeting, but the review excluded mention of factors that correlate with the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The record of reported sexual abuse/sexual harassment incidents reported for this facility in the past 12-month period was zero, confirmed by examining the 2020 annual incident report for the Kintock Group's Newark, NJ, facility. Further, absent from the Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan, was PREA Standard 115.213 (b), a mandate to document any deviation in the staffing plan. With the drastic decline of residents placed at this facility, staffing levels remained adequately compared to the population size, program offerings, and population composition.

Staffing and supervision sample review included:

The following is the Kintock Newark, NJ, Operations staffing and resident count per building on May 4th and 5th:

#### **May 4, 2021**

##### **BUILDING 1 - COUNT 60 Residents (all male)**

1st Shift - 1 Manager and 4 Resident Supervisors (all male)  
2nd Shift - 1 Manager and 5 Resident Supervisors (all male)  
3rd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)

##### **BUILDING 2 - COUNT 46 Residents (44 male and 2 female)**

1st Shift - 2 Managers and 3 Resident Supervisors (4 male and 1 female)  
2nd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)  
3rd Shift - 2 Managers and 2 Resident Supervisors (2 male and 2 female)

##### **BUILDING 3 - COUNT 33 Residents (30 male and 3 female)**

1st Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)  
2nd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)  
3rd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)

#### **May 5, 2021**

##### **BUILDING 1 - COUNT 60 Residents (all male)**

1st Shift - 1 Manager and 5 Resident Supervisors (4 male and 2 female)  
2nd Shift - 2 Manager and 4 Resident Supervisors (5 male and 1 female)  
3rd Shift - 2 Manager and 2 Resident Supervisors (3 male and 1 female)

##### **BUILDING 2 - COUNT 45 Residents (43 male and 2 female)**

1st Shift - 2 Managers and 3 Resident Supervisors (4 male and 1 female)  
2nd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)  
3rd Shift - 2 Managers and 2 Resident Supervisors (1 male and 3 female)

##### **BUILDING 3 - COUNT 31 Residents (28 male and 3 female)**

1st Shift - 1 Manager and 4 Resident Supervisors (2 male and 3 female)

2nd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)  
3rd Shift - 1 Manager and 3 Resident Supervisors (3 male and 1 female)

As a corrective action, the Auditor required the Kintock Group's Newark, NJ, facility to provide the Auditor with a written document that indicates the prevalence of substantiated and unsubstantiated incidents of sexual abuse was a consideration during the staffing review. In an interview with the PREA Compliance Manager, he confirmed that zero circumstances occurred in the past 12 month period where a deviation occurred in the established staffing plan. Staff contingencies are embedded in the staffing plan, which considers unexpected absences by custody staff such as overtime, schedule readjustment, or involuntary holdover. The PREA Compliance Manager confirmed during his interview that in circumstances where a deviation from the staffing plan occurs, the facility would document the incident and justify the deviation from the plan. More, The agency will add a supplement to Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan, directing all staff to document all deviations from the staffing plan in accordance with Standard 115.213 (d). After corrective action, Kintock Group's Newark, NJ, facility met the requirements of Standard 115.213.

#### **Evidence relied upon to make auditor determination**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan
3. Examination of the annual staffing plan for Kintock Group's Newark, NJ,
4. Interviews with the Site Administrator/PREA Compliance Manager
5. Interview with the PREA Coordinator

#### **Corrective Action:**

As a corrective action, the Auditor required the Kintock Group's Newark, NJ, facility to provide the Auditor with a written document that indicates the prevalence of substantiated and unsubstantiated incidents of sexual abuse was a consideration during the staffing review.

The agency will add a supplement to Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 213 Staffing Plan, directing all staff to document all deviations from the staffing plan in accordance with Standard 115.213 (d). **Corrected**

## **Standard 115.215: Limits to cross-gender viewing and searches**

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

#### **115.215 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### **115.215 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection 215, Cross Gender Viewing, address Standard 115. 215.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection 215, Cross-Gender Viewing, indicates that where strip searches are permitted, staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches. The same policy prohibits cross-gender pat-down searches, but staff per policy are mandated to complete the prescribed training as outlined in this standard. Training on cross-gender strip searches or visual body cavity searches included training on how to conduct cross-gender pat-searches, and searches of transgender or intersex residents, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. The facility houses both adult male and female residents; therefore, compliance with Standards 115.215 (b) and (c) are applicable. The agency/facility requires all staff of the opposite gender to announce their presence when entering an area where residents are likely showering, performing bodily functions, or changing clothing.

The Auditor conducted 30 interviews with random and targeted residents of the facility. All (100%) denied being searched by opposite-gender custody staff. Similarly, during the same interviews, all (100%) of the residents confirmed being allowed to shower, perform bodily functions, and change clothing without the nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Further, all residents (100%) sampled confirmed that staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. More, during the facility tour, the Auditor heard opposite gender announcements being made throughout the facility. During the onsite portion of this audit, the facility indicated zero transgender or intersex inmates.

Each random (12) custody staff sampled during the audit confirmed that they would refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Likewise, all random staff interviewed explained to the Auditor that if a resident's genital status were unknown, Kintock Group's Newark, NJ, would determine the 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 by a medical practitioner.



The Auditor sampled 12 staff training records to determine compliance with Standard 115.215 (f). The Auditor found the facility in compliance with Standard 115.215 (f) based upon the examination of training records and documentation provided by the facility.

**Evidence relied upon to make auditor determination**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection 215, Cross-Gender Viewing
3. Interview with random staff
4. Interviews with (random and targeted residents) (male and female)
5. Interview with specialized staff
6. Facility tour

**Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

**115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 216 Resident with Disabilities and Policy 15.01, Receptions and Orientation, Admission Information, Orientation, Literacy & Language Barriers, Subsistence, address Standard 115.216.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, 216 Resident with Disabilities, mandates that each facility take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 15.01, Receptions and Orientation, Admission Information, Orientation, Literacy & Language Barriers, Subsistence Staff mandates facilities to assist or take steps to provide services to residents when a disability, literacy problem, or language barrier exists. Programing and recreation can occur on the first floor in Kintock Newark if the resident cannot climb the stairs. There are offices, classrooms, and group space available on both floors of all three buildings to address ADA accommodations.

Said steps could, if necessary, include assistance for the resident to ensure effective communication with a deaf or hard of hearing resident by providing access to language interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. During his interview, the PREA Compliance Manager/Site Administrator confirmed that as the facility head, Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, requires that the Site Administrators/PREA Compliance Manager and Program Directors confirm that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. During the facility tour, the Auditor noted PREA related information posters displayed in English and Spanish. Interviews with random and targeted residents confirmed that PREA related education was presented in a format and language they understood without the aid of an interpreter. The Auditor interviewed residents with a place of birth other than an English-speaking country, all understood English and informed the Auditor that they were bi-lingual.

The agency always refrains 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. During interviews with random and specialized staff, all (100%) confirmed that the agency/facility 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. Staff (100%) interviewed indicated that they would rely on a staff person to serve as an interpreter or call the language line for assistance.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Policy 15.01, Receptions and Orientation, Admission Information, Orientation, Literacy & Language Barriers, Subsistence
3. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning
4. Interview with random staff
5. Interviews with (random and targeted residents) (male and female)
6. Interview with specialized staff
7. Facility tour
8. Kintock Policy 15.01, Receptions and Orientation, Admission Information, Orientation, Literacy & Language Barriers, Subsistence
9. Spanish handbook (Resident) Department of Corrections (DOC) last revised 2017
10. English handbook (Resident) Department of Corrections (DOC) last revised 2017
11. Kintock staff training in-service signature sheet dated 1/28/21
12. Kintock staff training in-service signature sheet dated 1/27/20
13. Kintock staff training in-service signature sheet dated 4/08/19
14. Kintock staff training in-service signature sheet dated 6/10/19
15. Kintock staff training in-service signature sheet dated 9/16/19
16. Kintock staff training in-service signature sheet dated 11/11/19
17. LinguaLinx Telephone Interpreting Service, call center, (877) 764-8111

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  N/A

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.11, Section, Personnel, Subsection, Criminal Record Checks, and address Standard 115.217.

In this policy, the term "Company" refers to the parent organization, The Kintock Group. The Kintock Policy 3.11, Section, Personnel, Criminal Record Checks alerts all prospective employees to submit to background checks consisting of criminal record checks, education, and employment verification. Applicants whose criminal histories or employment application information suggests they are inappropriate for hire shall not be hired.

Similarly, this policy prohibits the hiring or promotion of anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with a resident who: Has engaged in sexual abuse in any facility or institution such as Prison, jail, lockup, juvenile facility or community confinement facility, or other institution (as defined in 42 U.S.C. 1997). Employees and volunteers must complete clearance request forms for the Federal Bureau of Prisons and/or state Department of Corrections as a part of the application process in accordance with state and federal statutes.

The same policies require that criminal background records checks be conducted at least every five years on current employees and contractors who may have contact with inmates.

Problematic, Kintock Policy 3.11, Personnel, Criminal Record Checks, omits guidance on:

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents.

**115.217 (f)**

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions.
- 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.
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct.

**115.217 (g)**

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

After corrective action, The Kintock Group Newark met the requirements of Standard 115.217.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.11, Section, Personnel, Subsection, Criminal Record Checks
3. Interview with HR representative
4. Interview with the PREA Coordinator
5. Review of Kintock Policy 3.11, Section, Personnel, Subsection, Criminal Record Checks
6. Review of Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning

**Corrective Action:**

The Kintock Group will add language in Kintock Policy 3.11, Section, Personnel, Subsection, Criminal Record Checks that specifically address Standard 115. 217 (b) and (f). Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section Official Response Following a Resident Report PREA Coordinator will provide the Auditor with all revisions to Policy 3.11, which address Standard 115.217. The Kintock Group will alert HR of the changes, and the corrective action will be incorporated into policy to meet full compliance with Standard 115.217. **Corrected**

**Standard 115.218: Upgrades to facilities and technologies**

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

**115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    N/A

### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    N/A

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

According to the PAQ as confirmed by the PREA Coordinator, The Kintock Group /Newark, NJ, 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.

According to the PAQ as confirmed by the PREA Coordinator, The Kintock Group/Newark, NJ, facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. Interviews with the agency, Chief Operating Officer, Site Administrator, and PREA Coordinator confirm that The Kintock Group installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, and considered how such technology might enhance the agency’s ability to protect residents from sexual abuse. The Kintock Group/Newark, NJ, facility met the requirements of Standard 115.218.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Interview with Site Administrator/PREA Compliance Manager



3. Interview with the PREA Coordinator

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  N/A

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  N/A

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, Responsive Planning, 221 Evidence protocol, and forensic medical examinations address Standard 115.221.

The Kintock Group/ Newark, NJ, facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations, according to the PREA Coordinator. Involvement in the evidence protocol and collection process is limited to supportive aid to the Federal Bureau of Prisons and the Georgia Department of Corrections investigative processes. Standards 115.221 (a) and (b) are not applicable.

The Kintock Group/Newark, NJ, facility offers all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. According to the Site Administrator/PREA Compliance Manager and PREA Coordinator, forensic medical examinations are offered without financial cost to the victim. An interview with a medical practitioner on site confirmed that The Kintock Group/ Newark, NJ, forensic medical examinations would be provided in the community and, where possible, are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Further, when SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations, and The Kintock Group/ Newark, NJ, facility's efforts to provide SANEs or SAFEs would be documented.

The Auditor determined by examination that zero forensic medical examinations were conducted during the past 12 months, zero number of exams were performed by SANEs/SAFEs during the past 12 months, and the number of exams performed by a qualified medical practitioner during the past 12 months was also zero.

The Kintock Group/ Newark, NJ, has a memorandum of understanding (MOU) with a local advocacy group identified as Service Empowerment Rights of Victims (SERV) of Family Services League, Inc. The MOU agreement is an open written agreement for SERV of Family Services League, Inc, to provide victim services to The Kintock Group/ Newark, NJ, facility residents. The MOU is dated July 15, 2015.

The Kintock Group/ Newark, NJ, always makes a victim advocate from a rape crisis center available to victims. If requested by the resident victim, the SERV 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. The MOU supports compliance with Standard 115.221 (e).

## **SANE MEDICAL EXAMINATIONS and SERV VICTIM ADVOCACY**

Four Entities of SART (Sexual Assault Response Team)

1.) Law Enforcement: 911

- 2.) SANE: Hospital (UMDJ/University Hospital 973-972-5123 or Newark Beth Israel 973-926-7240)
- 3.) FNE (Forensic Nurse Examiner) (Rape kit performed by FNE (used to be referred to as SANE)
- 4.) SERV Victim Advocate Agency

The agency itself is not responsible for investigating allegations of sexual abuse; the agency has requested that the investigating agency (NJ, Department of Corrections and the Federal Bureau of Prisons) follow the requirements of paragraphs (a) through (e) of this section. The NJ, Department of Corrections and the Federal Bureau of Prisons are audited for compliance with PREA. The Kintock Group/Newark, NJ, met the requirements for Standard 115.221.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, Responsive Planning, 221 Evidence protocol, and forensic medical examinations
3. Interview with Site Administrator/PREA Compliance Manager
4. Interview with the PREA Coordinator
5. Agreement with Sexual Assault Violence Education (SAVE) of Family Services League)), Inc, (advocacy services for victims)
6. Contact: SANE: Hospital (UMDJ/University Hospital 973-972-5123 or Newark Beth Israel 973-926-7240)
7. Interview with random and specialized staff

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No

- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Subsection, Responsive Planning, Subsection 222 Policies to ensure referrals of allegations for investigations address Standard 115.222.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Prevention Planning, Section, Responsive Planning, Subsection, 222 Policies to ensure referrals of allegations for investigations, indicates that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations (Federal Bureau of Prisons or the NJ, Department of Corrections). The policy found on the website, information that advises readers of the responsibility of both, The Kintock Group, as the parent agency and the applicable investigating entity. The Auditor confirmed by examination that, The Kintock Group published their PREA policy on its website (<https://www.kintock.org/copy-of-prea-information>). Interviews with the Site Administrator/PREA Compliance Manager and the PREA Coordinator confirmed that The Kintock Group/ Newark, NJ, would document all referrals. The Kintock Group/Newark, NJ, met the requirements for Standard 115.222.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Prevention Planning, Subsection, Responsive Planning, Subsection, 222 Policies to ensure referrals of allegations for investigations.
3. Interview with Site Administrator/PREA Compliance Manager
4. Interview with the PREA Coordinator
5. Interview with random and specialized staff
6. Internet search: The Kintock Group/PREA

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training, and Education – Community, Subsection, 231 Employee training address Standard 115.231.

The Kintock Group trains all employees employing the training curriculum developed by the PREA Resource Center. The training is tailored to the gender of the residents at the employee's facility (adult male and female). Moreover, 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.

Collectively, the lesson plans developed by the PREA Resource Center trains staff who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, a residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims and how to detect and respond to signs of threatened and actual sexual abuse, as well as other factors outlined in Standard 115.231.

The Auditor sampled training sign-in sheets. The sign-in sheets represented other facilities within the organization, such as The Kintock Group Bridgeton NJ,, to confirm PREA related training in accordance with Standard 115.231. Both random and specialized staff (100%) confirmed receiving general PREA training in accordance with 115.231. Training specifically included factors outlined in 115.231 (a) during new employee onboarding and/or annual in-service training. The Auditor also sampled employee training records to confirm documented evidence of employee training in accordance with this standard. The Kintock Group provides each employee with PREA related refresher training at least every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. The Auditor examined training for current employees of The Kintock Group for the following periods:

The Kintock Group, training, and in-service sheets for January 28, 2019  
The Kintock Group, training, and in-service sheets for April 8, 2019  
The Kintock Group, training, and in-service sheets for June 10, 2019  
The Kintock Group, training, and in-service sheets for September 16, 2019  
The Kintock Group, training, and in-service sheets for November 11, 2019  
The Kintock Group, training, and in-service sheets for January 27, 2020

The Kintock Group PREA lesson plans include training regarding Kintock Policy numbers: Policy 1.21, PREA related policy series numbers 3.01-3.16, coupled with corresponding related American Correctional Association (ACA) Standards. My signing the training roster employees of The Kintock Group affirm that they attended the training listed on the sign-in sheet, received, and understood the current/revised policy content reviewed by the agency. Kintock Group Newark, NJ, met the requirements of Standard 115.231.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training and Education – Community, Subsection, 231 Employee training
3. Interview with Site Administrator/PREA Compliance Manager
4. Interview with the PREA Coordinator



5. Interview with random and specialized staff
6. The Kintock Group, training, and in-service sheets for January 28, 2019
7. The Kintock Group, training, and in-service sheets for April 8, 2019
8. The Kintock Group, training, and in-service sheets for June 10, 2019
9. The Kintock Group, training, and in-service sheets for September 16, 2019
10. The Kintock Group, training, and in-service sheets for November 11, 2019
11. The Kintock Group, training, and in-service sheets for January 27, 2020

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This standard is excluded from Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault PREA policy. More, this standard is addressed in a standalone Volunteer and Training Packet. The training packet includes a Volunteer Program Overview, application form, Standards of Conduct and Behavior, Training and Orientation Checklist, and a review of PREA standards and reporting requirements. Review of PREA related policies and procedures ensures that a volunteer or contractor who may have contact with a resident has been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures and PREA standards.

Volunteerism has been suspended for greater than a year. However, before the onset of the pandemic, all volunteers and contractors who have contact with residents were advised of the agency's zero-tolerance policy during orientation 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).

The Auditor confirmed by examination that The Kintock Group maintains documentation confirming that volunteers and contractors understand their training. Moreover, while volunteerism has been suspended due to the Corona-19 pandemic, contractors are required by the agency to sign an acknowledgment disclosure regarding investigations, criminal background checks, and PREA education. Kintock Group Newark, NJ, met the requirements of Standard 115.232.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Volunteer and Training Packet
3. Acknowledgement disclosure
4. Interviews with contractors
5. Volunteer and Contractor training acknowledgements (4)

## **Standard 115.233: Resident education**

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

### **115.233 (a)**

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training, and Education – Community, Subsection, 233 Resident Education address Standard 115.233.

During the resident intake process, residents of Kintock Newark, NJ, facility receive information explaining the agency's 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 as described in Standard 115.233 (a). The Auditor noted visible PREA related education and advocacy information displayed in all living units and common areas during the facility tour. During onsite interviews, a sample of random and targeted residents confirmed that they participated in PREA education on arrival to this facility. The Auditor examined confirmed documentation (12) of resident participation in PREA education sessions regarding agency policies and procedures for responding to sexual abuse and sexual harassment incidents and how to report an incident. Intake staff interviewed during the audit confirmed that PREA education is provided to all incoming new residents, including resident transfers. Kintock Group Newark, NJ, met the requirements of Standard 115.233.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training and Education – Community, Subsection, 233 Resident Education
3. Kintock Resident Handbook – English
4. Kintock Resident Handbook -- Spanish
5. Newark PREA Template -- English
6. Newark Template – Spanish
7. Newark Resident PREA Training
8. Resident new arrival PREA education training sign-in sheet dated 3/30/20

## **Standard 115.234: Specialized training: Investigations**

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

#### **115.234 (a)**

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  N/A

#### **115.234 (b)**

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training, and Education - Community Confinement, Subsection, 234 Specialized training: Investigations address Standard 115.234.

On rare occasions, all criminal investigations are conducted by the NJ,DOC, Federal Bureau of Prisons, and/or the Newark Police Department. Policy 3.05 states, "Outside agencies will investigate claims of sexual abuse, and the facility staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." Since the facility had no sexual abuse/harassment allegations during the auditing period, there were no investigative packets to review.

According to the PREA Coordinator and the Chief Operating Officer for The Kintock Group, any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide specialized training to its agents and investigators who conduct such investigations and shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Kintock Group Newark, NJ, met the requirements of Standard 115.234.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training and Education - Community Confinement, Subsection, 234 Specialized training: Investigations
3. Interview with the Site Administrator/ PREA Compliance Manager, Newark, NJ,
4. Interview with the PREA Coordinator, The Kintock Group
5. Interview with the Chief Operating Officer, The Kintock Group

**Standard 115.235: Specialized training: Medical and mental health care**

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

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any

full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  N/A

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  
 Yes  No  N/A

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  N/A

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  N/A

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training and Education - Community Confinement, Subsection, 235 Specialized training: Medical and mental health care is address Standard 115.235.

Kintock residents receive emergency medical treatment through the local emergency room at Beth Israel Hospital located in Newark, NJ,. Scheduled medical treatment is conducted at a local New Jersey Department of Corrections facility or through scheduling with the Federal Bureau of Prisons. Mental health treatment services are delivered through the community or are available through SERV.

The agency does not employ medical staff, or the medical staff employed by the agency do not conduct forensic exams. The facility employs one medical practitioner, a licensed practical nurse (LPN). During her interview, the medical practitioner confirmed receiving general PREA training Standard 115.231 from the agency. The nurse practitioner confirmed that the general PREA training that she completed included: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Problematic, Kintock could not provide evidence that the nurse completed specialized training for medical and mental health practitioners in accordance with this standard. To cure this, nurse will complete specialized training as required in this standard and provide the Auditor with documented evidence of the training. After corrective action, The Kintock Group NJ, met the requirements of Standard 115.235.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Training and Education - Community Confinement, Subsection, 235 Specialized training: Medical and mental health care
3. Interview the Site Administrator/ PREA Compliance Manager, Newark, NJ,
4. Interview with the PREA Coordinator, The Kintock Group
5. Interview with a medical practitioner
6. Review of training records

**Corrective action:**

The Kintock Group medical and mental health practitioners will complete specialized training as required by this standard. The Kintock Group NJ, will provide this Auditor with document evidence of compliance with Standard 115.235. **Corrected**

<h2><b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b></h2>
--

**Standard 115.241: Screening for risk of victimization and abusiveness**

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

**115.241 (a)**

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

**115.241 (b)**



- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Screening for Risk of Sexual Victimization and Abusiveness, Subsection, 241 Screening for risk of victimization and abusiveness and Policy 16.00, Section, Classification, Subsection, Program Plan and Progress Report address Standard 115.241.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Screening for Risk of Sexual Victimization and Abusiveness, Subsection, 241 Screening for risk of victimization and abusiveness mandates that all facilities in the organization, including The Kintock Group Newark, NJ, assess during a resident intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents with intake screenings ordinarily taking place within 72 hours of arrival at the facility. The same policy mandated the utilization of PREA screening assessments using an objective screening instrument identified as The Kintock Group, PREA Screening Checklist.

The Auditor examined the PREA Screening Checklist for compliance with Standard 115.241 (d) and (e). The Auditor determined from the examination that factors outlined in 115.241 (d) and (e) is included on the PREA Screening Checklist. Within a set time period not more than 30 days from the resident's arrival at Kintock Newark, NJ, the facility completes a reassessment of the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Kintock staff document the reassessment on page 3 of the PREA Checklist, Follow up screening.

The Kintock Group mandates plans and regular reviews at least every six months. The individualized review reflects personal history, criminogenic history, legal status, and length of anticipated stay in the program. Based on this information, staff are tasked with developing a treatment plan for each resident and making appropriate referrals. Interviews with specialized confirmed that the facility reassesses a resident's risk level when warranted due to a: Referral, request from a contract vendor (e.g., BOP, NJ, DOC, Parole), an incident of sexual abuse, or the receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Problematic, the PREA Screening Checklist limits the history of any sexual abuse to the past five years before incarceration. This standard does not place limitations of reporting or collecting data on a history of sexual abuse.

According to the Site Manager/PREA Compliance Manager and PREA Coordinator, a resident is not 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. The Auditor interviewed a sample of a random and targeted resident during the onsite portion of this audit. None indicated being 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. Policy 16.00, Subsection, Classification, Subsection, Program Plan and Progress Report Section, "II" of Procedure "G" indicates: Residents shall not

be penalized or disciplined for refusing to answer or not disclosing complete information related to the questions regarding:

- A. Whether the resident has a mental, physical, or developmental disability;
- B. Whether the resident is perceived to be homosexual, bisexual, transgender, intersex, or gender non-conforming;
- C. Whether or not the resident has previously experienced sexual victimization; and
- D. Their personal perception of vulnerability

The Kintock Group employs appropriate controls (e.g., passwords, encryption, double locked system to limit and protect the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. After corrective action, The Kintock Group Newark, NJ, met the requirements of Standard 115.241.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Screening for Risk of Sexual Victimization and Abusiveness, Subsection, 241 Screening for risk of victimization and abusiveness
3. Policy 16.00, Section, Classification, Subsection, Program Plan and Progress Report
4. Interview the Site Administrator/PREA Compliance Manager, Newark, NJ,
5. Interview with the PREA Coordinator, The Kintock Group
6. Examination of the risk assessment instrument for objectivity
7. Examination of completed resident risk screenings
8. Interview with intake staff responsible for risk screening

**Corrective action:**

The Kintock Group will remove language included on the PREA Checklist that refers to "History of any sexual abuse past 5 years prior to incarceration" and provide the Auditor with evidence of language change.  
**Corrected**

## Standard 115.242: Use of screening information

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

**115.242 (a)**

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Screening for Risk of Sexual Victimization and Abusiveness, 241 Subsection, Screening for risk of victimization and abusiveness and Subsection, 242 Use of screening information and Policy 16.00, Section, Classification, Subsection, Program Plan and Progress Report address Standard 115.242.

The Kintock Group/staff responsible for completing (Case Manager) risk screening during the intake process confirmed using the information from the risk screening required by § 115.241, to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform factors such as Housing, work, bed, and program assignments. The Case Manager/staff responsible for completing risk screening indicate during interviews that using an objective risk assessment instrument, The Kintock Group Newark, NJ, makes individualized decisions regarding the safety of each resident assigned to the facility. This type of decision-making includes transgender or intersex residents.

During separate individual interviews with the Chief Operating Officer, PREA Coordinator and the Site Administrator/PREA Manager, each confirmed for the Auditor, when considering whether to assign a transgender or intersex resident to a facility for male or female residents, the agency considers 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.

During this audit, The Kintock Group Newark, NJ, population consisted of zero transgender or intersex residents. During the onsite portion of this audit, random and targeted residents (100%) denied ever being placed in a dedicated living unit or facility solely based on such identification or status as a lesbian, gay, bisexual, transgender, or intersex (LGBTI) status.

More, interviews with the Chief Operating Officer, PREA Coordinator, and the Site Administrator/PREA Manager each confirmed for the Auditor that if a transgender or intersex resident were assigned to The Kintock Group Newark, NJ, facility, each transgender or intersex resident's views with respect to his or her safety would be given serious consideration when making facility and housing placement decisions and programming assignments. Transgender and intersex residents would be allowed to shower separately from other residents.

Further, the Auditor also interviewed a Case Manager responsible for risk screening in the facility; they confirmed that if a transgender or intersex resident were assigned to The Kintock Group Newark, NJ, facility, each transgender person or intersex resident's views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions and programming assignments. Transgender and intersex residents would be allowed to shower separately from other residents. The Kintock Group Newark, NJ, met the requirements of Standard 115.242.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Screening for Risk of Sexual Victimization and Abusiveness, Subsection, 241 Screening for risk of victimization and abusiveness
3. Policy 16.00, Section, Classification, Subsection, Program Plan, and Progress Report
4. Interview the Site Administrator/PREA Compliance Manager, Newark, NJ,
5. Interview with the PREA Coordinator, The Kintock Group
6. Examination of the risk assessment instrument for objectivity
7. Examination of completed resident risk screenings
8. Interview with intake staff responsible for risk screening

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting: 251 Resident Reporting address Standard 115.251.

The Kintock Group provides a method for staff to report sexual abuse and sexual harassment of residents privately. The Kintock Group provides residents of the facility with multiple internal ways to report privately: Sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and/or staff neglect or violation of responsibilities that may have contributed to such incidents. The agency also provides 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, Sexual Assault and Violence Education of Essex County (SAVE). Further, State residents placed at The Kintock Group Newark, NJ, facility can contact:

The Office of the Corrections Ombudsman, 1-800-305-1811  
Office of Corrections Ombudsman  
PO Box 855  
Trenton, NJ, 08625

The Office of the Corrections Ombudsman will accept and immediately forward resident reports of sexual abuse and sexual harassment to agency officials or federal residents can report to:

The Office of the Inspector General  
U.S. Department of Justice  
Investigations Division  
950 Pennsylvania Avenue, N.W.  
Room 4706  
Washington, DC 20530

The Office of the Inspector General will accept and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. Both the Office of the Corrections Ombudsman and The Office of the Inspector General will allow the resident to remain anonymous upon request.

Random and specialized staff (100%) interviewed during the onsite portion of this audit confirmed their understanding of their duty and responsibility to accept reports of sexual abuse and sexual harassment made by a resident, in writing, anonymously, from family, friends, or interested third parties or made verbally. Further, random and specialized staff (100%) interviewed during the onsite portion of this audit confirmed that a resident making a verbal report of sexual abuse or sexual harassment would first be safeguarded from harm, separated from the abuser, a notification broadcast to the shift supervisor/administrator, a notification made to the PREA Compliance Manager, if applicable protect the crime scene and document the incident. Random and targeted residents interviewed during the onsite portion of this audit confirmed multiple ways of reporting sexual abuse/sexual harassment: telling a trusted staff person, calling The Office of the Corrections Ombudsman, filing a grievance, or third-party reporting. The Kintock Group Newark, NJ, documented zero sexual abuse/sexual harassment reports during this reporting period. The Kintock Group Newark, NJ, met the requirements of Standard 115.251.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting: 251 Resident Reporting
3. Examination of sign-in sheets for new arrivals, PREA education
4. Interview the Site Administrator/PREA Compliance Manager,
5. Interview with the PREA Coordinator, The Kintock Group

6. Resident handbook (English)
7. Resident handbook (Spanish)
8. The Office of the Corrections Ombudsman, 1-800-305-1811
9. Facility tour
10. Resident interviews (random and targeted) (male and female)
11. Interview with staff responsible for resident PREA education (Case Manager)

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond

is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)   
Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies, and resident handbook address Standard 115.252.

The Kintock Group is not exempt from this standard. A review of Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies, confirmed that the agency permits a resident to file an administrative remedy (grievance) for PREA related issue with no time limit imposed for filing. The agency always refrains from requiring a resident to use any informal grievance process, or to attempt otherwise to resolve with staff, an alleged incident of sexual abuse, as confirmed in paragraph (c) of Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies.

Paragraph (e) and (f) of Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies indicates, the “company” doing business as The Kintock Group, 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, and (f) such a grievance is not referred to a staff member who is the subject of the complaint.

In accordance with 115.252 (d), Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies, paragraphs (h), and (i), outline the for an initial response being 48 hours with an extension of time up to 70 days well before the 90-day timeframe if time granted in this standard is insufficient to make an appropriate decision. More, at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for a reply, including any properly noticed extension, the resident should consider the absence of a response to be a denial at that level.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies, paragraphs (j), (k) and (l) all confirm that The Kintock Group permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, (k) 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 agrees to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, Kintock shall document the decision made by the resident.

The agency has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse, Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section Reporting, Subsection, 252 Exhaustion of Administrative Remedies. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency and, by extension, The Kintock Group Newark, NJ, would immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level (PREA Coordinator and the Site Administrator/PREA Compliance Manager for review at which immediate corrective action may be taken. Paragraphs (h) and (i) outline that the agency will issue an initial, emergency, and final response in 48 hours and before the time outlined in Standard 115.252 (f) of this standard of a final agency decision within five calendar days. The initial emergency response and final agency decision will document the agency's determination whether the resident is at substantial risk of imminent sexual abuse. The Kintock Group reserves the right to discipline a resident for filing a grievance related to alleged sexual abuse; ONLY, the agency demonstrates that the resident filed the grievance in bad faith.

During this audit period, The Kintock Group Newark, NJ, reported zero grievances that alleged sex abuse and zero emergency grievances. Zero residents reported Sexual Abuse. The Kintock Group Newark, NJ, met the requirements of Standard 115.252.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 252 Exhaustion of Administrative Remedies
3. Examination of sign-in sheets for new arrivals, PREA education
4. Interview the Site Administrator/PREA Compliance Manager,
5. Interview with the PREA Coordinator, The Kintock Group
6. Resident handbook (English)
7. Resident handbook (Spanish)
8. Resident interviews (random and targeted) (male and female)
9. Interview with staff responsible for resident PREA education

**Standard 115.253: Resident access to outside confidential support services**

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

### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 253 Resident access to outside confidential support services address Standard 115.253.

The facility provides 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 identified as, SAVE of Family Service League, Inc. The Kintock Group has a memorandum of understanding with SAVE of Family Service League, Inc. The agreement began on July 15, 2012, and continues until terminated by either party. According to the PREA Coordinator, the agreement is still binding. The Kintock group provided the Auditor with a copy of the MOU with the victim advocacy group, SAVE of Family Service League, Inc.

The Kintock Group enables reasonable communication between residents and these organizations and agencies confidentially as possible. The facility provides cell phones to residents working in the community. Federal residents assigned to the facility by the Federal Bureau of Prisons are allowed to keep in their possession a personal cellphone. Likewise, all residents have access to communal telephones.

The Kintock resident handbook informs 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. The Kintock Group Newark, NJ, met the requirements of Standard 115.253.

#### **Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting: Resident access to outside confidential support services
3. Examination of sign-in sheets for new arrivals, PREA education
4. Interview the Site Administrator/PREA Compliance Manager,
5. Interview with the PREA Coordinator, The Kintock Group
6. Resident handbook (English)
7. Resident handbook (Spanish)
8. Resident interviews (random and targeted) (male and female)
9. Interview with staff responsible for resident PREA education
10. Memorandum of Understanding with SAVE, Family Serve League (Victim Advocacy)

### **Standard 115.254: Third-party reporting**

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

##### **115.254 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Instructions for Overall Compliance Determination Narrative**

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting, Subsection, 254 Third-party reporting address Standard 115.254.

The Kintock Group has established a method to receive third-party reports of sexual abuse and sexual harassment located on the organizational website. The Auditor confirmed the existence of the method to receive third-party reports using an internet search engine, Goggle. Thus, the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Reporting: 254 Third-party reporting
3. Internet search: Third-party reporting notifications
4. Interview the Site Administrator/PREA Compliance Manager,
5. Interview with the PREA Coordinator, The Kintock Group

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

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

**115.261 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities



that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 261 Staff and agency reporting duties address Standard 115.261.

During staff (random and specialized) interviews, the Auditor determined that the agency requires all staff to report immediately and according to agency policy, any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, and retaliation that occurred in a facility, whether it is part of the agency. Further, the agency requires 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 according to the PREA Compliance manager, PREA Coordinator, and Chief Operation Officer. Aside from reporting to designated supervisors or officials, The PREA Compliance Manager/Site Administrator, PREA Coordinator, and Chief Operations Officer confirmed during separate interviews that each official 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.

Likewise, employee PREA training lesson plans confirm the agency requires all staff to report immediately and, according to agency policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency.

The medical and mental health practitioners must inform residents of the practitioner's duty to report and the limitations of confidentiality at the initiation of services, according to the medical practitioner interviewed during the onsite portion of this audit. The same medical practitioner indicated that the agency requires medical and mental health practitioners to report sexual abuse pursuant to paragraph (a) of Standard 115.261. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection 261 Staff and agency reporting duties provided guidance regarding responsibilities.

Standard 115.261 (d) is not applicable for this facility. The Kintock Group Newark, NJ, does not house residents under the age of 18.

During interviews with the PREA Compliance Manager/Site Administrator, PREA Coordinator, and the Chief Operating Officer confirmed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency State, Federal, or local designated investigators. The Kintock Group Newark, NJ, reported zero sexual abuse or sexual harassment incidents during this reporting period. The Kintock Group Newark, NJ, met the requirements of Standard 115.261.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 261 Staff and agency reporting duties
3. Internet search: Third-party reporting notifications
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the PREA Coordinator, The Kintock Group
6. Interview with the Chief Operating Officer, The Kintock Group

## Standard 115.262: Agency protection duties

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

### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 262 Agency protection duties address Standard 115.262.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 262 Agency protection, directs staff that upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Kintock staff are directed to take immediate action to protect the resident by separating the victim from the perpetrator and attending to the victim's needs while not impeding the investigation.

The Auditor interviewed a sample of random and specialized staff (100%) during the onsite portion of this audit process. Each participant (random and specialized) confirmed in detail their role and responsibility in the event a resident was subject to a substantial risk of imminent sexual abuse. The Kintock Group Newark, NJ, met the requirements of Standard 115.262.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Official Response Following a Resident Report, Subsection, 262 Agency protection duties
3. Interviews (random and specialized staff)
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Staff PREA training curriculum
6. Resident handbook (English)
7. Resident handbook (Spanish)

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection 263 Reporting to other confinement facilities address Standard 115.263.

The Kintock Group Newark, NJ, PREA Compliance Manager/Site Administrator, confirmed during his interview that 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. Such notification would occur as soon as possible,

but no later than 72 hours after receiving the allegation and such notification. The PREA Compliance Manager/Site Administrator also confirmed that he would document the incident in writing and notify the PREA Coordinator. The Kintock Group Newark, NJ, met the requirements of Standard 115.263.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 263 Reporting to other confinement facilities
3. Interviews (random and specialized staff)
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,

**Standard 115.264: Staff first responder duties**

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

**115.264 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

**115.264 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 264 Staff first responder duties address Standard 115.264.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 264 Staff first responder duties supports this standard. Kintock staff responders who are not security staff members must request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. Interviews with staff (random and specialized) (100%) confirmed that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, 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, and 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. The Kintock Group Newark, NJ, met the requirements of Standard 115.264.

#### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 264 Staff first responder duties
3. Interviews (random and specialized staff)
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,

### Standard 115.265: Coordinated response

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

##### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, Response, and Preservation address Standard 115.265.

The facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

#### 265 Coordinated response

All claims shall be immediately reported to the local facility PREA Coordinator, the investigative agency, medical and mental treatment, and victim advocacy offered to coordinate actions taken in response to an incident of sexual abuse. Once the victims' immediate needs are met and evidence secured, the PREA Coordinator shall be notified, and the local PREA Coordinator will monitor retaliation. The Kintock Group Newark, NJ, met the requirements of Standard 115.265.

#### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 264 Staff first responder duties
3. Interviews (random and specialized staff)
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the agency PREA Coordinator

### Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

##### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

By examination, the Auditor determined that both governmental agencies contracting with The Kintock Group prohibited from entering 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 was initiated in 2018.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 264 Staff first responder duties
3. Interviews with the PREA coordinator
4. Interview with the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Agency Head

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No



- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 267 Protection against retaliation address Standard 115.267.

The Auditor determined by examination that the agency has 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. The Kintock Group Newark, NJ, has designated the PREA Compliance Manager/Site Administrator as the retaliation monitor for the facility. The agency has employed 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, according to the PREA Compliance Manager/Site Administrator and PREA Coordinator, during their respective interviews.

Further, the PREA Compliance Manager/Site Administrator confirmed during his interview that except in instances where the agency determines that a report of sexual abuse is unfounded, the agency continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Kintock Group Newark, NJ, would: Monitor the victim/resident for at least 90 days following a report of

sexual abuse, conduct periodic status checks, act promptly to remedy any such retaliation, monitor resident program changes and disciplinary reports, monitor resident housing changes, staff reassignments or negative performance reviews of staff participating in the PREA investigation.

More, the PREA Coordinator confirmed during her interview that the agency would continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need to protect the victim from retaliation. Similarly, the PREA Coordinator confirmed during her interview with the Auditor, if any other individual who cooperates with a PREA investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. The Kintock Group Newark, NJ, reported zero sexual harassment /sexual abuse reports during this reporting period. The number of times an incident of retaliation occurred in the past 12 months was zero. The Kintock Group Newark, NJ, met the requirements of Standard 115.267.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Official Response Following a Resident Report, Subsection, 267 Protection against retaliation
3. Interviews the PREA Coordinator
4. Interview with the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the agency PREA Coordinator

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

**115.271 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  N/A
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  N/A

**115.271 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

**115.271 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  N/A

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations, Subsection, 271 Criminal and administrative agency investigations address Standard 115.271.

According to the PREA Coordinator and PREA Compliance Manager, the Agency/facility is not responsible for conducting criminal OR administrative sexual abuse investigations. The PAQ supports that the Agency is not responsible for conducting criminal OR administrative sexual abuse investigations. Each contracting outside Agency, such as the Federal Bureau of Prisons (FBOP) and New Jersey Department of Corrections (NJ, DOC), has investigative bodies with the legal authority to conduct a criminal investigation and investigate reports of sexual abuse. The facility staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Kintock Group retains all written reports received for as long as the alleged abuser continues to participate in the program or is employed by Kintock, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. Federal Bureau of Prisons (FBOP) and New

Jersey Department of Corrections (NJ, DOC) adhere to PREA guidelines and are audited in accordance with all PREA Standards, including Standard 115.271. Federal Bureau of Prisons (FBOP) and New Jersey Department of Corrections (NJ, DOC) investigators who have received specialized training in sexual abuse conduct PREA investigations as required by 115.234 and 115.271 (b-j). Standard 115.271 (k) the Auditor is not required to audit this provision. During this reporting period, the number of reports of sexual abuse/sexual harassment was zero. The number of PREA investigations investigated by the BOP or NJ,DOC was also zero. The Kintock Group Newark, NJ, met the requirements of Standard 115.271.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations, Subsection, 271 Criminal and administrative agency investigations
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. DOJ contract for re-entry beds and services
6. NJ,DOC contract for re-entry beds and services

**Standard 115.272: Evidentiary standard for administrative investigations**

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

**115.272 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations. Standard 115.272 has been omitted from this policy. The contracting entities conduct investigations (criminal and administrative). The Kintock Group met the requirements of Standard 115.272.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. DOJ contract for re-entry beds and services
6. NJ,DOC contract for re-entry beds and services

**Standard 115.273: Reporting to residents**

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

**115.273 (a)**

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

**115.273 (b)**

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  N/A

**115.273 (c)**

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

whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations, Subsection, 271 Criminal and administrative agency investigations address Standard 115.273.

Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, The Kintock Group would inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. According to the PREA Coordinator, The Kintock Group would coordinate notification to a resident in collaboration with any external contracting entity such as NJ, DOC, and BOP, because the Agency (The Kintock Group) is not responsible for conducting administrative and criminal investigations. More, 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, the Agency would collaborate with the contracting entity to inform the resident whenever: The staff member is no longer posted within the resident's unit, longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility or convicted on a charge or convicted related to sexual abuse within the facility. The Kintock Group would document all such notifications or attempted notifications. During this reporting period, zero residents were notified following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility. The Kintock Group met the requirements of Standard 115.273.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. DOJ contract for re-entry beds and services
6. NJ,DOC contract for re-entry beds and services
7. Interview with the NJ,DOC Chief Investigator
8. Interview with the NJ,DOC Regional Investigator

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

**115.276 (a)**

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

**115.276 (b)**

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

**115.276 (c)**

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

**115.276 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Discipline, Subsection, Disciplinary sanctions address Standard 115.276.

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Discipline, Subsection, Disciplinary indicates that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Further, during separate interviews with the Chief Operating Officer Staff and the PREA Coordinator of The Kintock Group, each confirmed that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The HR representative confirmed that a termination is the presumptive disciplinary sanction for staff engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. When applicable, 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 and/or any relevant licensing body. The number of staff disciplined during this reporting period was zero. The Kintock Group met the requirements of Standard 115.276.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with HR representative
6. Interview with the Chief Operating Officer

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Discipline, Subsection, 277 Corrective Action for Contractors and Volunteers address Standard 115.277.

Kintock Policy 3.05 indicates that (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies. (b) Kintock shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During separate interviews, the Agency Head, Chief Operating Officer, and the Site Superintendent/PREA Compliance Manager and HR representative each confirmed that any contractor or volunteer who engages in sexual abuse would be prohibited from contact with residents and reported to the

appropriate law enforcement agency, or licensing body or take appropriate remedial measures, and consider whether to prohibit further contact with residents.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with HR representative
6. Interview with the Chief Operating Officer

**Standard 115.278: Interventions and disciplinary sanctions for residents**

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

**115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

**115.278 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.278 (e)**

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.278 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Discipline, Subsection 278 Disciplinary Sanctions for Residents address Standard 115.278.

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, a resident would be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with the contractual agreement with the external contractual entity. The resident would be returned to the authority of the external entity. Any sanctions imposed would be governed by the policies and procedures of the external contracting entity and any applicable laws. Sanctions imposed would be governed by the policies and procedures of the external contracting entity and applicable laws, policies, or procedures. According to the PREA Coordinator, for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Kintock Group prohibits sexual contact between residents of the facility but does not consider non-coercive sexual activity between residents sexual abuse. The Kintock Group NJ met the requirements of Standard 115.278.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,

3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with NJ,DOC Chief Investigator
6. Interview with the Chief Operating Officer

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Medical and Mental Care - Community Confinement, Subsection 282 Access to Emergency Medical and Mental Health Services address Standard 115.282.

According to the PREA Coordinator and the Site Administrator/PREA Compliance Manager, 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.

All random and specialized staff interviewed during the on-site portion of this audit confirmed that if no qualified medical or mental health practitioners are on duty when a report of recent sexual abuse is made, custody staff first responders will take preliminary steps to protect the victim pursuant to § 115.262. Preliminary steps to assist a victim of sexual abuse would also include notification of the PREA Coordinator, Chief Operating Officer, and medical and mental health practitioners. In accordance with professionally accepted standards of care, resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During this reporting period, zero residents accessed emergency medical or mental services related to a PREA incident. The Kintock Group NJ met the requirements of Standard 115.282.

#### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with NJ,DOC Chief Investigator
6. Interview with the Chief Operating Officer

### Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

##### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody?  Yes  No

**115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.283 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.283 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.283 (h)**

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

**Auditor Overall Compliance Determination**



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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Medical and Mental Care - Community Confinement, Subsection Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers address Standard 115.283.

In coordination with the contracting entity, The Kintock would offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, according to the PREA Coordinator. The coordination of efforts includes but is not limited to: The evaluation and treatment of the victim, including, 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.

In coordination with the contracting entity, The Kintock would provide such victims with medical and mental health services consistent with the community level of care.

In coordination with the contracting entity, The Kintock would provide resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests.

In coordination with the contracting entity, The Kintock would provide a resident victim of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.

In coordination with the contracting entity, treatment services provided to the victim would be provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Kintock Group NJ, met the requirements of Standard 115.283.

### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Chief Operating Officer
6. Interview with specialized staff

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

##### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

##### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

##### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

##### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Data Collection and Review – Community Confinement, Subsection Sexual Abuse Incident Reviews address Standard 115.286.

According to the PREA Coordinator, following the conclusion of an investigation, ordinarily occur within 30 days, the facility conducts a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review team includes members of upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners where applicable. According to a member of the incident review team, the incident review team would consider all factors indicated in Standard 115.286 (d). The incident review team, which includes the PREA Coordinator, would provide the Chief Operating Officer with a written report to include recommendations for improving the sexual safety of residents and staff. The Kintock Group NJ met the requirements of Standard 115.286.

#### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Chief Operating Officer
6. Interview with specialized staff

## Standard 115.287: Data collection

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

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Data Collection and Review – Community Confinement, Subsection 287 Data Collections address Standard 115.287.

During her interview, the Agency PREA Coordinator detailed her role and responsibility to collect accurate incident data, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions in accordance with this standard. This Agency does not contract for the confinement of its residents to other entities.

As evidence, The Kintock Group provided the Auditor with a copy of the 2019 Survey of Sexual Victimization. The survey included definitions and reporting guidelines for the completion of the document. According to the 2019 Survey of Sexual Victimization, The Kintock Group affirmed recording all sexual abuse and sexual harassment allegations. Between January 1, 2019, and December 31, 2019, allegations of inmate - on- inmate NONCONSENSUAL SEXUAL ACTS were reported as none. Between January 1, 2019, and December 31, 2019, allegations of inmate-on-inmate ABUSIVE SEXUAL CONTACT were reported as none. Likewise, between January 1, 2019, and December 31, 2019, allegations of inmate-on-inmate SEXUAL HARASSMENT were reported as none. More, between January 1, 2019, and December 31, 2019, allegations of STAFF SEXUAL HARASSMENT were reported as none. Between January 1, 2019, and December 31, 2019, allegations of STAFF SEXUAL MISCONDUCT were also reported as none. As demonstrated, upon request, The Kintock Group would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Kintock group met the requirements of Standard 115.287.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Chief Operating Officer
6. 2019 Survey of Sexual Victimization

**Standard 115.288: Data review for corrective action**

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

**115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Data Collection and Review – Community Confinement, Subsection 288 Data Review for Corrective Action address Standard 115. 288.

During her interview with the Auditor, the PREA Coordinator detailed how the Agency reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, when applicable. Furthermore, The Kintock Group prepares an annual report of its findings that includes corrective actions for each facility and the entire organization. The annual report prepared by the PREA Coordinator includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. Further, the PREA Coordinator confirmed that if redaction were necessary, the Agency would 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. The Kintock Group met the requirements of Standard 115.287.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Chief Operating Officer
6. 2019 Survey of Sexual Victimization
7. July 2018 - July 2019 Annual Prison Rape Elimination Report (Newark)
8. July 2019 – July 2020 Annual Prison Rape Elimination Report (Newark)
9. Internet search: The Kintock Group

**Standard 115.289: Data storage, publication, and destruction**

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

**115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

**115.289 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

**115.289 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

**115.289 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

The Kintock Group ensures that data collected pursuant to § 115.287 are securely retained. According to the PREA Coordinator and facility Administrators, all sensitive information is password protected with limited access based on role and responsibilities. The agency makes all aggregated sexual abuse data, from facilities under its direct control and private facilities it contracts, readily available to the public at least annually through its website. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available through its website. The agency maintains sexual abuse data collected pursuant to § 115.287 for at least ten years after the date of the initial collection, unless Federal, State, or local law requires otherwise. The Kintock Group met the requirements of Standard 115.287.

#### Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interviews the PREA Coordinator
4. Interview the Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
5. Interview with the Chief Operating Officer

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No



- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Standard 115.401a:** The Kintock, NJ, has been audited on September 19-20, 2018.

**Standard 115.401b:** The Kintock Group has submitted to the New Jersey Department of Corrections (NJ, DOC) assurances that one-third of their facilities are audited each year of the PREA Cycle. This determination to maintain compliance with PREA Cycle standards by NJ DOC and The Kintock Group was confirmed during interviews with two (2) facility Administrators (Newark and Bridgeton), the Corporate Director of Quality Assurance, and Accreditation, and the Chief Operating Officer.

**Standard 115.401h:** During the physical plant inspection, the Auditor was provided access to the entire facility.

**Standard 115.401i:** The Auditor was readily provided access to all documents requested to include electronic data. The PREA Coordinator/Corporate Director of Quality Assurance and Accreditation Document was determined to be motivated to support PREA and considered by the Auditor to be organized, timely, and efficient with no obstacles.

**Standard 115.401m:** The Auditor conducted interviews with all residents in a private location.

**Standard 115.401n:** The PREA posting notices were found throughout the facility in all living units and common areas. The Kintock Group met the requirements of this standard.

**Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interview the (2) Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
4. Interview with the Chief Operating Officer
5. Interview with the PREA Coordinator, Corporate Director of Quality Assurance and Accreditation

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## **Instructions for Overall Compliance Determination Narrative**

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

The agency has published on its agency website if it has one or has otherwise made publicly available. The Kintock Group met the requirement of Standard 115.403. The Kintock group met the requirements of Standard 115.403.

### **Evidence relied upon to make auditor determination:**

1. Pre-Audit Questionnaire
2. Kintock Policy 3.05, Prison Rape Elimination Act Sexual Abuse/Assault, Section, Investigations,
3. Interview the (2) Site Administrator/PREA Compliance Manager, The Kintock Group Newark, NJ,
4. Interview with the Chief Operating Officer
5. Interview with the PREA Coordinator, Corporate Director of Quality Assurance and Accreditation
6. Internet search: The Kintock Group

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Sonya Love

07/31/2021

**Auditor Signature**

**Date**

---

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

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