

Agency-Wide PREA Coordinator

Name: Jennifer Malinowski	Title: Director
Email: jennifer.malinowski@doc.nj.gov	Telephone: 609-826-5625
PREA Coordinator Reports to: Suzanne Lawrence, Chief of Staff	Number of Compliance Managers who report to the PREA Coordinator: 13

Facility Information

Name of Facility: New Jersey State Prison (NJSP)			
Physical Address: 3rd and Federal Streets, Trenton, NJ 08625			
Mailing Address (if different than above): P.O. Box 862, Trenton, NJ 08625			
Telephone Number: 609-292-9700			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The mission of the New Jersey State Prison is to protect the public by operating a safe, secure, and humane correctional facility. The mission is realized through effective supervision, proper classification, appropriate treatment of offenders, and by providing services that promote successful reentry into society.			
Facility Website with PREA Information: http://www.state.nj.us/corrections/pages/prea/prea/html			

Warden/Superintendent

Name: Bruce Davis	Title: Administrator
Email: bruce.davis@doc.nj.gov	Telephone: 609-341-4601

Facility PREA Compliance Manager

Name: Amy Emrich	Title: Assistant Superintendent
Email: amy.emrich@doc.nj.gov	Telephone: 609-341-4604

Facility Health Service Administrator

Name: Darneth Amantine	Title: Regional Nurse Manager
Email: amantida@ubhc.rutgers.edu	Telephone: 609-292-9700 ext. 4455

Facility Characteristics

Designated Facility Capacity 1853	Current Population of Facility: 1470		
Number of inmates admitted to facility during the past 12 months		1347	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1294	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1342	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		11	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 20-86 (range)	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months		0	
Average length of stay or time under supervision:		30 years	
Facility security level/inmate custody levels:		Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		810	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		95	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	

Physical Plant

Number of Buildings: 45	Number of Single Cell Housing Units: 14
Number of Multiple Occupancy Cell Housing Units:	11
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	561
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): New Jersey State Prison employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff.	

Medical

Type of Medical Facility:	Infirmery
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Forensic sexual assault medical exams are conducted at:	Robert Wood Johnson University Hospital
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Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	110
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:	6
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Audit Findings

Audit Narrative

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, and 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.

Pre-Audit Preparation

Prior to the on-site visit, representatives from the New Jersey Department of Corrections PREA team conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. The results of the internal audit were reviewed by the auditor prior to the on-site visit. Prior to the on-site visit, the Department of Corrections forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination.

Entrance Briefing and Tour (On-site Audit)

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the New Jersey State Prison (NJSP) was conducted by The Nakamoto Group, Inc. certified auditor Robert Manville July 10- 12, 2019. Notices of the audit with the Auditor's contact information were posted throughout the facility on May 5, 2019. This is the second PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the NJSP Assistant Superintendent (Institution PREA Compliance Manager), NJSP Custody Major, New Jersey Department of Corrections (NJDOC) Administrative Analyst 4, NJDOC Executive Assistant and NJ DOC Administrative Analyst. The standards used for this audit became effective August 20, 2012.

The tour of the New Jersey State Prison included the intake processing areas, all housing units, health services department, recreation, food service, facility support areas, education, visiting rooms and programming areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Inmates can shower, dress and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting, the agency's zero-tolerance

policy toward sexual abuse and sexual harassment and victim emotional support groups were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas.

Staff-Inmate Interviews

There were 47 inmates interviewed from all housing units, to include five inmates with a past history of sexual abuse based on the objective screening instrument, two Limited English Proficient inmates and two inmates that had made an allegation of sexual abuse and had received notices of investigation outcomes and retaliation monitoring. Interviews were conducted using the Department of Justice (DOJ) protocols to assess an inmate's knowledge of the PREA and the reporting mechanisms available to them.

A total of 35 staff were interviewed, to include 19 correctional officers from all three shifts, an intake officer, a nurse that conducts intake screenings, an investigator, four first responders and contracting medical staff. The administrative/specialized staff interviewed included the Director's designee, Assistant Superintendent/Institution PREA Compliance Manager (IPCM), a Major, two Lieutenants, Chief of Psychology Services, Health Services Administrator, Classification Supervisor, Volunteer Coordinator, and Administrative Segregation Supervisor. The Commissioner and PREA Coordinator were previously interviewed.

Investigations

During the audit period, there were a total of 23 reported allegations of sexual abuse/sexual harassment and these cases were investigated. A review of the investigative packets revealed that the investigations were complete and met the requirements of the standard. The cases were found to be unsubstantiated.

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.

New Jersey State Prison, the oldest prison in New Jersey and one of the oldest correctional facilities in the United States, is the state's only maximum-security institution, housing the most difficult and/or dangerous offenders in the NJ DOC inmate population. The facility provides a level of custodial supervision and control beyond that of any other state prison.

The mission of the New Jersey Department of Corrections is to protect the public by operating safe, secure, and humane correctional facilities. The mission is realized through effective supervision, proper classification, appropriate treatment of offenders, and by providing services that promote successful reentry into society. The facility has 810 total staff.

Each housing unit had contained several bulletin boards with PREA information posters on each bulletin board. This information included the facility's zero-tolerance for sexual abuse or sexual harassment, ways to report allegations of sexual abuse and sexual harassment, and victim emotional support service provider information. Each living unit also contained telephones and access to the JPay email system to make allegations of sexual abuse or sexual harassment.

The facility is divided into four compounds with housing units located in three of the four compounds. These housing units are divided into three floors of dormitories with specialized programs located in each dormitory. Several of the dormitories are divided into additional wings with a control room located between each wing. Staffing, camera monitoring, inmate movement and levels of direct supervision are based on the dormitory mission.

North Compound includes Visit Hall/Window Visit, Medical Clinic, Infirmary, three Close Custody Housing Units, Medical Overflow, Intake, Medical Unit and two General Housing Units. In addition, the North Compound houses the Vehicular Sally port, Intake Control Booth, Compound Vocational Area, PCC, Print Shop, Social Services and Property.

The Intake control booth and intake area contain private shakedown rooms that provide privacy for inmates using privacy dividers to allow inmates to be strip searched without being in view of staff of the opposite gender. The intake area also includes showers, private offices and holding rooms which do not include toilets. The area is also monitored by cameras.

The Psychology Department contains a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a hotline number for PREA complaints.

South Compound includes South Compound Visit Hall/Window Visit, PC Non-Congregate Housing Unit, Protective Custody Congregate Housing Unit, Non-Congregate Administrative Segregation, a Detention Unit, Closed Special Needs Unit and two General Program (GP) Housing Units.

The Administrative Segregation Unit has 561 cells that are utilized to meet the management needs of the inmate population. Some of the cells are utilized by Mental Health staff to provide behavioral management. There was adequate staff to provide inmate supervision. The administrative segregation units have sally ports that require additional credentials to be

authorized access to this area. There were zero-tolerance posters found in several areas of the Segregation Unit.

West Compound includes three Administrative Segregations Housing Units and a Detention Unit which is presently closed. Additionally, there are nine general population units, three of which are closed. West Compound also includes a Chapel, Education Building, Shop Hall and the Laundry.

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services' hallway and in the front entrance area. There were no blind spots noted in this area.

The Education building contains classrooms and support services. The Education Department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- Advanced Occupational Education
- English as a Second Language
- Release Readiness Program
- Law Library
- Leisure Library

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had a bulletin board with PREA information, to include zero-tolerance and the PREA audit notices.

There are four outdoor recreation areas located on this compound. Adjacent to each compound is an outdoor recreation area including four segregated recreation areas and individual small secure fence yards for segregated recreation. There is an indoor recreation area that includes a gymnasium, activity center, exercise equipment, hobby craft rooms and music rooms. The restrooms in the recreational areas include partitions and doors for privacy. There was PREA information posted throughout the area.

The Food Service Department has a large dining room with a food service preparation area. All areas of food service are under constant surveillance by staff, cameras and mirrors. There were zero-tolerance posters throughout the area.

The Health Services Department contains rooms for treatment and observation, an infirmary and suicide observation. The department has a pharmacy, an X-ray room and dental offices.

There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are present.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Upon completion of the on-site visit, an exit briefing was held to discuss the audit findings with the NJSP Associate Administrator, NJ DOC Director Jennifer Malinowski (PREA Coordinator), NJSP Assistant Superintendent (IPCM), NJ DOC Administrative Analyst 4, NJ DOC Executive Assistant, NJ DOC Administrative Analyst 3, NJSP Custody Major and NJ DOC Principal Investigator, SID.

The agency has continued to develop and update policies, directives, memos and memorandum of agreements. Policies at the NJ DOC are promulgated through the Administrative Policies and Procedures Manual (APPM) Unit. Staff members in this unit were available on-site to discuss policy updates and provide the auditor with support in securing documents. The APPM unit staff and IPCM were invaluable resources in participating in an open dialogue to assist the auditor in determining the level of compliance with PREA standards. Below is a list of policies, directives, memorandums and Memorandums of Understanding (MOU) that were provided to support a determination of compliance with each standard:

- IMM.001.004 (Zero-tolerance Policy: Prison Sexual Assault);
- PCS.001.PREA.ICM (Institution PREA Compliance Manager);
- PCS.001.PREA.EMS (PREA E-Management System);
- MED.IMA.001 (Health Appraisals at Reception);
- ADM.006.007 (Pre-Employment and ID Card Renewal Background Checks: Issuance of Employee/Volunteer ID Cards);
- ADM.006.011 (Investigations of SID);
- IMP # 14 (Procedures for Sexual Offenses);
- IMP # 35 (Investigative Procedures);

- SUP.004.001 Limited English Proficient (LEP) Language Assistance Bilingual Staff and Use of the Language Line
- ADM.010.004 (Standards of Professional Conduct; Staff/Inmate Over Familiarity);
- PSM.001.011 (Staff Selections and Promotions);
- IMM.002.001(Inmate Remedy and Grievance Process);
- IMM.002.IRS.001 (Inmate Remedy System);
- PCS.001.PREA.001(Sexual Assault/PREA Advisory Committee);
- PSM.001.000 (Office of Human Resources MGO);
- E3-HRB 84-17 (Human Resources Bulletin);
- PSM.001.001 (The Reporting of Summons, Arrests Incarcerations);
- CUS.001.CSM.001(Crime Scene Management);
- CUS.110.011 (Searches of Inmates and Correctional Facilities);
- CUS.001.SEA.001 (Searches);
- CUS.003.001(Gender Restricted Posts);
- New Jersey Administrative Code (NJAC) 10A:4-12.2(Inmate Discipline);
- MED.MLI.007 (Sexual Assault);
- SUP.004.001 Limited English Proficient (LEP) Language Assistance Bilingual Staff and Use of the Language Line
- PCS.001.DFH.01 Deaf/Hard of Hearing
- ADM.019.TCC.01 (Temporary Close Custody Status);
- PCS.001.006 (Transgender-Intersex Inmates);
- CLS.002.INT (Classification and Intake Process);
- CLS.005.001 (Review of Inmate by Classification)
- PCS.001.PREA.OMB (Allegations of Sexual Abuse, Assault, Harassment and Retaliation Reported to the Office of the Ombudsman)
- Agency Personnel Director (Directive "Prison Rape Elimination Act" promotions).
- MOU New Jersey Department of Corrections and Womanspace Inc.

Employees at the facility were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained.

The agency's Pre-Audit Questionnaire and prior information supplied to the auditor on each of the PREA standards was also noted to be thorough, which was invaluable to the auditor in preparing for the on-site audit. The auditor thanked the staff for their hard work and dedication to the PREA process.

Number of Standards Exceeded: 5

§115.11; §115.13; §115.17; §115.34; §115.65;

Number of Standards Met: 40

§115.12; §115.14; §115.15; §115.16; §115.18
§115.21; §115.22; §115.31; §115.32; §115.33
§115.35; §115.41; §115.42; §115.43; §115.51;
§115.52; §115.53; §115.54; §115.61; §115.62;
§115.63; §115.64; §115.66; §115.67; §115.68;
§115.71; §115.72; §115.73; §115.76; §115.77;
§115.78; §115.81; §115.82; §115.83; §115.86;
§115.87; §115.88; §115.89; §115.401; §115.403

Number of Standards Not Met:

0

Summary of Corrective Action (if any)

The facility has inmates assigned to the segregation unit who are in in-transit status. These inmates do not receive any information on PREA reporting when assigned to the facility. When and if the inmate is assigned as a regular placement, the facility provides them with PREA orientation. The facility was informed about the requirements of the standard and immediately started providing all new inmates, regardless of their status, with a PREA pamphlet that includes ways to report an incident.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) 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.

IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault meets the mandates for this standard. The policy outlines zero-tolerance for all forms of inmate sexual abuse/inmate sexual harassment. The NJ DOC will respond to, investigate and support the prosecution of

inmate sexual abuse and sexual harassment within the correctional system and externally in partnership with state and local authorities.

The NJ DOC Commissioner has designated an Agency PREA Coordinator to oversee the implementation and enforcement of all internal policies and procedures related to the PREA and oversees the Institution PREA Compliance Managers in promulgating facility level controls to comply with PREA standards. The NJ DOC maintains a zero-tolerance toward all forms of sexual abuse and sexual harassment and will fully investigate and aggressively prosecute those who are involved in such conduct if, in fact, a crime has been committed. The Assistant Superintendent serves as the Institution PREA Compliance Manager (IPCM) and reports directly to the facility Administrator.

Zero-tolerance posters are displayed throughout every area of the institution. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during additional admission and orientation presentations. The video is offered in English and in Spanish. Additional program information is contained in the Orientation Handbook, Inmate Education Handout, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures.

The NJ DOC has a Sexual Assault Advisory Council. The purpose of the council is to review incidents of sexual abuse/sexual harassment and affirm the housing assignment, treatment and programming of inmates identified as transgender/intersex. Additionally, on a case-by-case basis, the Sexual Assault Advisory Council will review a transgender/intersex inmate's request for housing that is based on gender identity.

All employees receive initial training and annual training, as well as updates, throughout the year. The institution exceeds the standards with all the programs they have implemented to ensure that inmates and staff understand its position on zero-tolerance for sexual abuse/sexual harassment. Compliance was determined by the review of pamphlets, orientation power point presentations and posters, as well as interviews with staff and inmates, including inmates with disabilities or who were identified as being LEP.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes
 No NA

115.12 (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 inmates OR the response to 115.12(a)-1 is "NO".) 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 and facility meet the mandates of this standard. A review of the documentation submitted substantiates that the agency and facility require the entities which they contract for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with the PREA standards.

The PREA Coordinator coordinates all new bids for confinement with NJ DOC contracting office. On April 5, 2019 the Director of the NJ DOC Office of Policy and Planning issued an interoffice memo, indicating that all contracts would be in compliance with the PREA standards. Any non-compliance with the contract facilities could result in the termination of the contract. Compliance with this standard was determined by the review of contracts and direction for contract renewal, as well as a web search review of one random contracting facility to confirm the facility was PREA compliant.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the

need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?
 - Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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.

NJ DOC Policy 3301, Post Trick Analysis/Baseline Custody Staffing, requires using the Post Trick Analysis for each facility/unit to develop a baseline custody staffing level. The baseline staffing level shall be used to determine the amount of custody staff required to operate a facility/unit on any given day and shift. The facility provided staffing plans and daily reports of staff on duty to the Auditor for review. The number of staff on duty met or exceeded the requirements for this standard. Interviews with the executive staff supported compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; inmate access to telephones; the JPay email system; rosters; as well as staff interviews. NJ DOC Policy IMM.001.004 mandates routine management rounds and further prohibits staff members from alerting other staff members that these rounds are occurring, unless such announcement is related to a legitimate operational function. Supervisory and administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews and a review of documentation confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees.

The institution, for its age, exceeded the standards for supervision and monitoring, ensuring that the safety of staff and inmates takes priority. Compliance was determined by formal and informal staff interviews which included lieutenants and correctional officers on all three shifts, the Major and the Human Resource Manager. Compliance was also determined by the review of staff rosters, daily supervisory check logs, the facility workforce quarterly meeting minutes, the examination of the video monitoring system, inmate access to telephones and the JPay inmate email system.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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.

New Jersey State Prison does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (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 inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates 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 inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?
 Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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

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CUS.001.01, CUS.001.SEA.001 and CUS.003.001 establish procedures for the search of inmates (including testing for prohibited substances) and correctional facilities/organizational units within department control. Searches are conducted to detect and prevent the introduction of contraband, to recover missing or stolen property and to prevent escapes and other disturbances. Inmate searches shall be either pat searches or strip searches, as conditions require. Strip searches shall be conducted at a location where the search cannot be observed by unauthorized persons, in a professional and dignified manner, with maximum courtesy and respect for the inmate's person; by the number of custody staff deemed reasonably necessary to provide security; and by custody staff of the same gender as the inmate. Searches/physical examinations of transgender or intersex inmates are prohibited for the sole purpose of determining their genital status. Observation of the intake area included private panels for inmate strip searches to be done of view of persons of the opposite gender. The auditor observed that each unit has individual shower stalls for privacy.

During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate. The staff training curriculum includes training for conducting cross gender pat searches. The dormitory areas have showers with curtains provided for inmate privacy while showering.

PCS.001.006, Transgender/Intersex Inmates, also addresses the requirements of the standard. As part of the PREA Risk Assessment intake screening, inmates are asked if they wish to disclose their gender identity, which is not required. Inmates that elect to disclose their gender identity and self-identify as being transgender or intersex are referred to medical/mental health for evaluation and the information is documented in their Electronic Medical Record (EMR). An automated gender identity alert ("GI") will be established in iTAG via the Electronic Medical Record. The Institution PREA Compliance Manager receives a weekly list of inmates who self-identified as being transgender/intersex. Inmates may disclose they are transgender at any time during their incarceration.

Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates, it has been determined that New Jersey State Prison is in compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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:
inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates 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:
inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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:
inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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:
inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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:
inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates
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 inmates with disabilities including
inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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

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must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IMM.002.003, Americans with Disabilities Act (ADA), and New Jersey Law against Discrimination indicates that the NJ DOC will provide reasonable accommodations to any inmate with an ADA defined disability. The NJ DOC shall ensure that inmates with disabilities will have equal opportunity to participate in or benefit from the Department of Corrections' efforts to prevent, detect and respond to sexual abuse and sexual harassment, in accordance to the standards of the Federal Prison Rape Elimination Act of 2003.

NJSP takes appropriate steps to ensure inmates with disabilities, to include inmates who are Limited English Proficient (LEP), have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse/sexual harassment. PREA handouts, bulletin board postings and the inmate handbook are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the auditor.

SUP.004.001, Limited English Proficient (LEP) Language Assistance Bilingual Staff and Use of the Language Line mandates the NJSP will take reasonable steps to provide meaningful access to LEP inmates with programs and activities at all facilities. Posters are prominently posted in several key areas of each facility that notifies the inmate population of the availability services to assist LEP inmates.

PCS.001.DFH.01, Deaf/Hard of Hearing Inmates, requires that inmates who are deaf or hard of hearing be entitled to a level of service equivalent to that provided to other inmates. The facility has several methods of providing these services based on the inmate's needs, to include sign language or TTY machines.

An interview with a hard of hearing inmate revealed that he was provided a card that identifies his disability and can be used to alert staff of his disability. In addition, an interview with one inmate that was LEP confirmed the availability and use of the telephone translation service. Staff members were able to readily identify inmates with disabilities. The review of documentation and staff and inmate interviews support a finding that the facility is in compliance with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, 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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing

information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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ADM.006.007 Pre-Employment and ID Card Renewal Background Checks: Issuance of Employee/Volunteer ID Cards addresses the requirement of the standard. Policy mandates that a background check will be conducted on all individuals being considered for employment (permanent, temporary, volunteer and/or contract positions) with the NJ DOC.

The background checks are conducted by the Special Investigations Division (SID). All approved applicants will be fingerprinted and issued NJ DOC ID cards specific to the employment/volunteer position. Background checks are conducted at least every five years for current permanent employees, every three years for contractors and annually for temporary employees and volunteers.

PSM.001.011, Staff Selection and Promotions, requires all applicants/employees be advised that NJ DOC does not hire or promote anyone who has engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in the activity described herein. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for not being employed or termination.

PSM.001.001, The Reporting of Summons, Arrests, Incarcerations, provides requirements for staff to self-report any summons, arrests and incarcerations. Agency human resource staff

provided vouchers for randomly selected employees who were recently hired, promoted or employed by the agency for more than five (5) years. The requested vouchers included background checks that were in line with PREA standards.

The agency makes its best efforts to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations occurring during a pending investigation of sexual abuse. The agency also provides information on substantiated allegations of sexual abuse/sexual harassment involving former employees, when requested by a potential institutional employer, unless prohibited by law. Appropriate licensing and certifying agencies are notified, when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment.

Compliance was determined by the review of policies and background checks for five staff that were hired in last 12 month; five staff that have been employed more than 5 years; and five staff that have been promoted in the last 24 months; as well as interviews with the Human Resource Manager, SID Director, IPCM and correctional officers.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

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

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SUP.001.000, Capital Planning and Construction: Mission, Goals and Objectives, meets the requirements of the standard. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to how such technology may enhance the agency’s ability to protect inmates from sexual abuse. The facility staff utilized PREA incident review team reports and SID investigations to determine the need for additional cameras or mirrors. The Assistant Superintendent provided a list of modifications that have been completed since the last audit. There are over 300 cameras located throughout the facility. Upgrades of equipment have been requested. In addition, since August 20, 2012, there have been no substantial expansions/modifications to the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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

115.21 (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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.
 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*)

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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.

MED.MLI.007, Health Services Unit Internal Management Procedures for Sexual Assault, requires healthcare staff to follow the institution's written plan for responding to sexual assault allegations of inmates. The assaulted inmate will be transported to Robert Wood Johnson University Hospital's emergency department to assess, treat and provide required prophylaxis, contraceptives, pregnancy termination counseling and gathering of forensic evidence. All forensic medical examinations are conducted by properly trained Sexual Assault Forensic and/or Nurse Examiners (SAFE/SANE) at Robert Wood Johnson University Hospital. An interview with the hospital representative verified that there are trained staff to conduct forensic examinations 24 hours a day, 7 days a week. There were no forensic examinations conducted during the past 12 months. The hospital representative also indicated the hospital works with Womanspace, Inc., a victim advocacy group, to respond to persons, including inmates, regarding sexual assault. Womanspace, Inc. has a Memorandum Of Understanding (MOU) with New Jersey State Prison, as verified by the auditor. The Special Investigations Division (SID) has a responsive plan that includes reporting to the facility, arranging for transportation of the inmate, notifying the prosecutor's SART and beginning the initial on-site investigation.

MED.MHS.002.001, Mental Health Services Internal Management Procedures- Emergency Mental Health Services, mandates that all incarcerated individuals under this jurisdiction will have access to emergency mental health services that shall include counseling services for assault victims, as well as victims of sexual assault, in compliance with PREA standards.

MED.MHS.002.010, Mental Health Services Internal Management Procedures- Counseling Services for Victims of Sexual Assault, also mandates that all incarcerated individuals will have access to mental health services which shall include, but not be limited to, counseling by trained mental health services staff.

Compliance with this standard was confirmed by interviews with the SID Director, Medical Director, Chief of Psychology Services, Womanspace, Inc. staff and staff at Robert Wood Johnson University Hospital.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]
 Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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*)

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ADM.006.011, Investigations by the Special Investigations Division, outline the division's responsibility to investigate violations of the laws of the United States and the State of New Jersey. The investigators have received specialized training on how to conduct a thorough investigation, using the most current techniques and equipment possible. There are six investigators in the NJ DOC and one at the institution. SID conducts the criminal investigations for the institution. There were seven allegations of sexual abuse during the auditing period. The documentation related to the investigations was contained in the SID files and was reviewed by the auditor. The facility utilizes an IPCM Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The tracking log is maintained by the SID.

The information contained in the log includes the date of the allegation, name of the victim/perpetrator, segregation placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring. Interviews with the SID Director and the local investigator, as well as an examination of supporting documentation, confirm the facility's compliance with this standard.

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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*)

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IMM.001.004 addresses the requirements of this standard. All NJ DOC Custody employees are considered correctional police officers. All custody and civilian employees attend PREA training locally on a biennial basis. NJSP custody staff members are first responders. The PREA Compliance Manager ensures training is received by all employees, contractors and volunteers. Healthcare, mental health and investigative staff receive specialized training for matters pertaining to sexual abuse and sexual harassment in correctional settings. Supervisory personnel from various departments are directly involved in ensuring all staff, volunteers and contractors are trained on their responsibilities regarding the NJ DOC PREA requirements.

The training curriculum includes an extensive review of PREA requirements and encompasses all areas of this standard. The training curriculum, training sign-in sheets and other related training documentation were reviewed by the auditor. Interviewed staff verified the requirement to acknowledge, in writing, not only that they received PREA training, but that they understood the training. Additional training pamphlets are provided to institution staff and contractors. There was also educational material displayed throughout the facility that provided information on how to report allegations of sexual abuse or sexual harassment. Compliance was determined by reviewing the power point training presentation, training curriculum and 10 staff training records, as well as interviews with 19 correctional officers and other random staff.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004 requires all contractors and volunteers to receive training prior to providing services at the facility and then annually, thereafter. The training curriculum, training sign-in sheets and other related training documentation were reviewed by the auditor. Interviewed staff verified the requirement to acknowledge, in writing, not only that they received PREA training, but that they understood the training. There was also educational material displayed throughout the facility that outlined how to report allegations of sexual abuse or sexual harassment. Each volunteer receives a volunteer handbook that provides additional information on the PREA. Contractor's records are maintained by the facility training staff. The Chaplain manages the volunteer training records. Volunteer training is conducted by facility training staff.

Rutgers University provides contract health care for the New Jersey State Prison. All employees under the contract are required to receive background checks and training equal to NJ DOC staff. Medical professionals assigned to the NJSP receive initial PREA new employee training and additional training through Rutgers University.

Compliance was determined by reviewing the power point training presentation, training curriculum and staff training records, as well as interviews with staff.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004; IMM.002.003 (ADA-Reasonable Accommodations for Inmates); SUP.004.001 (Limited English Proficient- Use of Language Line); PCS.001.DFH.01 (Deaf- Hard of Hearing Inmates); Flyer 11-18 Zero Tolerance Poster in Spanish; NJ DOC Form 160 (LEP Designation); and NJ DOC Deaf-Hard of Hearing Waiver address the requirements of Standard 115.33. NJ DOC provides inmates with comprehensive and ongoing education on the PREA and zero-tolerance of inmate sexual abuse and sexual harassment through the following:

- In-person orientation at reception
- In-person orientation at assigned housing facility
- PREA video presentation at reception and assigned housing facility
- Continuous PREA video presentation on inmate closed-circuit TV channel
- PREA handbooks
- JPay PREA content

- PREA section of facility handbook
- PREA posters displayed throughout NJ DOC facilities
- In-person PREA presentations as scheduled
- Tier Rep meetings
- PREA Reference handouts at annual classification reviews
- PREA Reference handouts in visit areas
- PREA Reference handouts in law libraries

Inmates also receive written updates of PREA/zero-tolerance information, at least annually. The facility puts forth its best efforts to educate inmates regarding the PREA. Inmates receive information during the intake process, including a pamphlet and inmate handbook, printed in English and Spanish. A staff member goes over the pamphlet and inmate handbook on the first day of an inmate's arrival at the facility. A staff member conducts an additional education program for inmates, to include information on the PREA within 30 days of their arrival at the facility. The program provides definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. The inmates have access to a television channel dedicated to PREA training.

There is a translation language line available for LEP inmates. The auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the SABPI education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process, inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Several inmates shared that PREA training was continuously provided. The facility has inmates assigned to the segregation unit who are in in-transit status. These inmates do not receive any information on PREA incident reporting when assigned to the facility. When and if the inmate is assigned as a regular placement, the facility provides them with PREA orientation. Facility staff members were informed as to the requirements of the standard and started providing all new inmates, regardless of their status, with a PREA pamphlet that includes information on how to report a PREA-related incident. The determination that the facility meets the requirements of this standard was based on reviews of the inmate education program and training documentation, as well as interviews with inmates and staff.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.21(a).) Yes No NA

115.34 (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 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (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 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Special Investigations Division (SID) Internal Management Procedure mandates that specialized training received by members of the Division ensures that PREA investigations are done thoroughly, competently, in an unbiased objective manner and using the most modern techniques and equipment possible. The SID staff received PREA specialized training prior to conducting PREA investigations. The auditor reviewed specialized training documentation, including the SID Course Completion List for Investigating Sexual Abuse in a Confinement Setting. The SID staff were interviewed and found to be very knowledgeable of the PREA investigative process. Compliance was determined by the review of agency policies, PREA investigative files and investigator training files, as well as interviews with the on-site investigator. An exceeds determination was based on the review of the SID training records and the investigator's knowledge of community-based investigative procedural training programs provided by SID and local prosecution teams.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (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 medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004, Power Point Presentations on “Addressing Sexual Abuse and Harassment of Inmates – Medical and Mental Health Staff Training 2014”, and University Correctional Healthcare- Custody and Security Issues” address the requirements of the Standard.

Rutgers University provides health care for New Jersey State Prison. Medical contract personnel receive initial orientation training and additional training through Rutgers University. The orientation training includes a review of the PREA standards. Documentation for this training was provided. The training includes a Power Point presentation “Addressing Sexual Abuse & Harassment of Inmates.” Medical and mental health staff training includes all the PREA standard requirements. The agency ensures that all full and part-time medical and mental health practitioners have been trained, according to the practitioner’s status in the agency. All mental health and medical staff also receive specialized training on victim identification, interview techniques, reporting and clinical interventions. Training is provided annually, and supportive documentation is on file. Medical and mental health staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA. All cases requiring the processing of sexual assault evidence collection kits are transported to local hospital. A review of the training documentation and staff sign in sheets confirm the facility’s compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates 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 inmates 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 inmates 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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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NJAC 10A-3, IMM.001.004, PCS.001.PREA.EMS, Level 3 IMP on Multi-dimensional Sexual Victimization and Abusiveness Risk Assessment Checklist and the Electronic Medical Record (EMR) Module on PREA Monitoring address the requirements of the Standard.

The procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. CLS.002.INT.001 mandates that staff shall be assigned to complete the Classification Intake Checklist and thoroughly review all of the inmate's classification material and reports to ensure that all court/legal, sentence calculation, alerts (i.e., Category I, Non-Citizen, STG, PREA, etc.), objective classification scoring, custody level, parole/release, sex offender information and category status is accurately recorded.

CLS.005.001, Review of Inmates by Classification and Review Committees, requires that a classification or other specialized committee review the classification based on additional information. MED.IMA.001 mandates that a comprehensive health appraisal of each new inmate admitted, to include medical history, physical examination, identification of any inmate who is determined to be LEP and the languages they speak. This is to be completed within seventy-two (72) hours after admission to a reception facility. All inmates are assessed by healthcare staff for their risk of sexual victimization at intake at every facility and upon intra-agency transfer. This assessment can be updated due to a request, referral or incident of sexual abuse or sexual harassment or if any new information relative to sexual victimization risk is obtained. Information from the Risk Assessment is used by custody and classification staff to ensure that potential victims and potential perpetrators are housed separately. Within the first 30 days of arrival, the classification staff members meet with the inmate

to discuss short-term and long-term program goals and to review their first month at the facility and all new information that has developed or was received, to ensure an appropriate treatment program.

During the meeting, inmates are asked if they have any concerns for their safety and a review of documents relative to any victim/predator behavior is conducted. The facility has developed a rescreening form that provides documentation that facility staff discussed additional information received at the facility or facility safety issues with the inmate. The inmate is required to sign the form, documenting issues discussed during the review team meeting. In addition, Case Managers meet with inmates on a regular basis and the classification committee will reconvene based on a Case Manager or mental/medical concern and a reassessment of victimization or predator behavior will be conducted.

Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with classification committee staff and a random review of risk screening assessments support the finding that the facility is in compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?
 Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The New Jersey State Prison mandates, in accordance with PREA standards, all inmates to be assessed during an in-person intake risk screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This occurs during the reception process and when inmates are transferred between facilities. Information from this assessment will be considered by classification committees and other responsible staff when making housing, bed, work, education and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. PREA risk information shall not be disseminated to anyone other than to the extent necessary to make housing, bed, work, and education and programming assignments.

The classification committee and case managers meet weekly to review incidents, as well as screening instruments, rescreening instruments and status of at-risk inmates. Based on these meetings, the committee may request mental health intervention, victimization or predator rescreening and recommend other interventions, to include housing and job assignments. Compliance with this standard was determined by the review of the classification committee's assessments of appropriate housing, job assignment and release goals; the committee's weekly meeting to review all incident reports, to include sexual abuse/sexual harassment allegations; and interviews with staff, inmates, the PREA Compliance Manager, Psychologist and Records Office Manager.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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ADM.019.PCS.01 mandates an inmate will be placed in temporary close custody (TCC) for a period not to exceed 72 hours, prior to placement in pre-hearing protective custody for evaluation and investigation, to determine if placement in pre-hearing protective custody is warranted.

TCC may be utilized when a PREA allegation is received that requires victims be separated from perpetrators after all alternative means of separation have been assessed and no alternative means of separation are available (i.e. cell assignment/housing unit assignment change, intra-institutional transfer). Such assessment will occur within 24 hours of the allegation. Placement in TCC takes into account factors that include, but are not limited to, the nature and severity of the PREA prohibited act, medical, mental health, disciplinary and investigatory considerations, an inmate victim's access to property, services and privileges that are afforded to general population inmates and any circumstances that would pose a threat to the safety, security and orderly running of the correctional facility. During the last 12 months, there have been 12 inmates placed in TCC based on an allegation of sexual abuse.

Interviews with staff assigned to the segregation units and inmates placed on segregation, as well as an examination of segregation operations and policy/documentation, confirm the facility's compliance with this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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IMM.001.004 mandates many ways for inmates to report allegations of sexual abuse or sexual harassment. Inmates who have been victimized or who have knowledge of sexual abuse or sexual harassment can immediately report an incident of sexual abuse/sexual harassment directly to any custody or civilian staff member. Additional methods of reporting sexual abuse/sexual harassment are the NJ DOC Inmate Remedy System, NJ Office of the Corrections Ombudsman. Inmates may use the free confidential telephone hotline, complete the "Office of the Corrections Ombudsman Request for Assistance form" or send written correspondence to the NJ Office of the Corrections Ombudsman. Correspondence may be sent via interoffice mail with no postage required. Inmates may make a report to the Special Investigations Division or the Institutional PREA Compliance Manager. At the NJSP, inmates have access to JPay Kiosks and can place a call to the SID on the Inmate Telephone System.

Third party reporting (family, friends, etc.), on behalf of an inmate, may be accomplished by contacting the NJ DOC SID (609-826-5617) or by contacting the NJ Office of the Corrections Ombudsman to report an incident of sexual abuse/sexual harassment. Staff members promptly accept and document all verbal, written, anonymous, private and third-party reports of alleged abuse/sexual harassment.

Compliance was determined by the review of multiple postings throughout the facility on how to report sexual abuse or sexual harassment and interviews with inmates, staff and SID supervisors. The auditor also tested several phone numbers available to report allegations of sexual abuse or sexual harassment to verify their use. Staff members promptly accept and document all verbal, written, anonymous, private and third-party reports of alleged abuse/sexual harassment.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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 NA

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.002.001, Inmate Remedy System, mandates that inmates be provided a departmentally approved procedure for resolution of grievances. To accomplish this, the NJ DOC has implemented a multi-level Inmate Remedy System. This process is designed to allow all inmates access to appropriate correctional facility administrators to obtain information and to review potential resolution of grievances. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures to submit a grievance alleging sexual abuse/sexual harassment. Inmates can submit a grievance without submitting the report to the staff(s) member who is the subject of the complaint. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment.

Policy also addresses the filing of an emergency grievance. If an inmate files the emergency grievance and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, or if the remedy became known at the institution, the inmate may submit the remedy directly to SID. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. Inmates may also utilize the JPay system for filing grievances. JPay grievances will be responded to within 30 days, unless the Administrative Remedy Coordinator determines that the grievance is urgent, in which case, inmates will be responded to within 5 workdays.

There were four grievances filed involving PREA related issues during the past 12 months. A review of the files indicated that the grievances were handled within the requirements of the standard. There were no grievances alleging sexual abuse/sexual harassment that involved

an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by the review of policy and grievance logs, as well as interviews with the Grievance Coordinator and IPCM.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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

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IMM.001.004, IMM.002.IRS.001, PCS.001.PREA.OMB and a Memorandum of Understanding (MOU) between NJSP and Womanspace, Inc. Victim Crisis Center address the requirements of this standard. An interview with a Womanspace, Inc. representative confirmed the center shall provide Inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, victim advocacy or rape crisis organizations, and, for persons detained solely for civil Immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The facility shall inform Inmates, 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. Compliance with this standard was confirmed by interviews with the Womanspace, Inc. representative and staff at Robert Wood Johnson University Hospital.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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*)

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The NJSP provides a PREA pamphlet and Orientation Handbook in both English and Spanish which includes family reporting. Information included an address and telephone number. The information poster includes how family members, friends, attorneys, clergy or any other third party may make a PREA report on an inmate’s behalf. Third parties may report sexual abuse/sexual harassment by contacting the Correctional Facility’s Institutional PREA Compliance Manager, the Special Investigations Division, or the Office of the Corrections Ombudsman. During the on-site audit, the auditor observed informational postings regarding third party reporting. Additionally, interviews with staff and inmates confirmed that they have a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at NJSP.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (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

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004 requires all staff to immediately report to his or her supervisor any knowledge, suspicion or information regarding inmate sexual abuse, sexual harassment, retaliation against an inmate or staff member for reporting an incident of sexual abuse, or any staff neglect or violation of responsibilities that contributed to an incident of sexual abuse or sexual harassment or retaliation. An employee, contractor or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report, may face disciplinary charges, up to and including dismissal, even on a first offense.

Apart from reporting to designated supervisors or officials, staff shall not reveal information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigatory and other security and management decisions.

All NJSP employees, contractors and volunteers receive PREA-specific training on a biennial and annual basis. This training is focused on key issues regarding staff sexual misconduct and the prevention of prison sexual abuse including the reporting of incidents, as well as the first responder responsibilities. Staff members are subject to disciplinary sanctions, up to and including termination for violating agency sexual abuse, sexual misconduct and sexual harassment policies, and for failing to report such conduct.

PCS.001.VOL.001 requires all volunteers to comply with the NJ DOC's zero-tolerance policy on sexual abuse and sexual harassment. All volunteers are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Any volunteer who engages in sexual abuse/sexual harassment shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, if such action constitutes a crime, and to relevant licensing bodies.

Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation. The reporting is ordinarily made to their supervisor or Shift Lieutenant but could be made privately or to a third party (SID). The facility does not house inmates under the age of 18. A review of established policy and interviews with the Medical Director, Mental Health Director, Volunteer Coordinator, IPCM, Training Director and other staff support the finding that the facility is in compliance with this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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*)

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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.

IMM.001.004 addresses the mandates of this standard. Upon receipt of a PREA report or allegation, first-responding staff must immediately take reasonable steps to separate the victim from the alleged assailant to ensure the safety of all parties. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting their supervisor or Shift Lieutenant and medical staff. In the past 12 months, there was no instance in which institution staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of support documentation confirm the facility's compliance with the Standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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

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PCS.001.PREA.ICM PREC addresses the requirements of the standard. The Institution PREA Compliance Manager must accept reports that an inmate was sexually abused while incarcerated at another facility. The IPCM will advise the facility administrator and serve as the administrator’s designee in notifying the head of the facility/agency where the alleged abuse occurred, no later than 72 hours after receiving the allegation. Established procedures require the IPCM to immediately notify the Chief Executive Officer of the other confinement facility, in writing, of the nature of the sexual abuse allegation. There were no reports of allegations of sexual abuse or sexual harassment that occurred at another facility during the last 12 months.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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*)

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IMM.001.004 and IMM.001.PSA.001 address the requirements of the standard. Staff members who receive an initial report of sexual assault or sexual harassment must separate the victim from the alleged assailant to protect the victim and prevent further violence. First-responding staff must immediately take reasonable steps to ensure the safety of all parties, secure the potential crime scene and ensure that the victim receives prompt medical and psychological assistance from the appropriate healthcare provider, as appropriate, to his or her needs and the circumstances of the alleged offense.

All inmates who make any allegation of sexual abuse, sexual harassment or staff sexual misconduct are referred to medical and/or mental health for an examination and/or evaluation, along with an updated risk assessment.

Staff indicated they would separate the inmates, secure the scene, prevent the destruction of any evidence and contact the Shift Lieutenant and medical staff. The Lieutenant would continue to protect the victim and notify medical and mental health staff, SID and administrative/executive staff. In the past 12 months, there were 23 allegations that an inmate was abused. In each incident, the first responder separated the victim and the abuser, secured the scene and contacted medical staff and SID staff. SID Internal Management Procedures outline the steps for first responders and institution and SID staff and to follow to ensure the protection of inmates, protection of the crime scene and the conduction of the investigations. Of these sexual abuse allegations, six were reported to non-security staff. In all cases the non-security staff immediately notified correctional staff. The facility fulfilled all requirements related to first responder's duties, after receiving an allegation of sexual abuse. Compliance was determined through the review of the investigation files and interviews with the SID staff, medical staff, Clinical Psychologist, lieutenants, correctional staff and six non-security staff members relative to first responder's duties.

Standard 115.65: Coordinated response

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

115.65 (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*)

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The county’s prosecution staff have developed and implemented a Sexual Assault Response Team. In cases of inmate sexual assault, the team would also include the SID team member, Facility Director, IPCM, County SART, a Womanspace, Inc. representative, a SANE, and facility medical and mental health staff. There is always a SID team member and a prosecution team member on call to respond to facilities for allegations sexual assault cases.

The alleged assaulted inmate will be transported to the Robert Wood Johnson University Hospital Emergency Department to gather forensic evidence, assess, treat and provide required prophylaxis. The facility healthcare staff would only provide care to stabilize the inmate before the transfer to the hospital. Compliance was determined through the review of policies and investigative files; interviews with the SID, correctional staff, victim advocate; SANE from Robert Wood Johnson University Hospital, case managers and the IPCM.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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*)

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IMM.001.004 mandates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual misconduct and sexual harassment policies, and for failing to report such conduct. The Collective Bargaining Agreements (CBA) examined by the auditor, between New Jersey and at least seven employee unions, do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Administrator's designee and IPCM were interviewed and verified information provided in the Pre- Audit Questionnaire. There were no incidents requiring protection for inmates from staff during the last 12 months. Compliance was confirmed through review of the Collective Bargaining Agreements and interviews with administrative staff from NJSP and NJ DOC.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

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

115.67 (b)

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

115.67 (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 inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004 and PCS.001.PREA.EMS address the requirements of the Standard. The IPCM where the inmate resides shall monitor inmate disciplinary reports, performance reviews and reassignments for staff to determine if there is any suggestion of possible retaliation. Any evidence of possible retaliation must be referred to the SID for investigation and the Agency Wide PREA Coordinator must be advised of same. The IPCM shall continue such monitoring beyond 90 days, if the initial monitoring indicates a continuing need. The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations.

During the interview with IPCM, she indicates she follows up on all 30, 60 and 90-day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. In the event of possible retaliation, the IPCM indicated she would monitor the situation indefinitely. Two inmates that had gone through incident monitoring were interviewed. Each inmate indicated they had met with the IPCM and with their Case Manager to discuss retaliation monitoring. One indicated he continues to talk at least weekly with his Case Manager about his allegation of sexual abuse. Compliance with this standard was determined by a review of established policy and supporting documentation and inmate and staff interviews.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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TCC may be utilized when a PREA allegation is received that requires victims be separated from perpetrators after all alternative means of separation have been assessed and no alternative means of separation are available (i.e. cell assignment/housing unit assignment change, intra-institutional transfer). Such assessment will occur within 24 hours of the allegation.

ADM.019.TCC.01 also provides for placement in Temporary Close Custody as a result of a PREA allegation based on factors that include, but are not limited to, the nature and severity of the PREA prohibited act, medical and mental health status, disciplinary and investigatory considerations, inmate victim's access to property, services and privileges that are afforded to general population inmates, and any circumstances that would pose a threat to the safety, security and orderly running of the correctional facility.

If it is determined that an inmate requires placement in Temporary Close Custody status as a result of a PREA allegation, the reasons for the placement shall be documented. During the last 12 months, there have been 12 inmates placed in TCC based on an allegation of sexual abuse.

Policy mandates that, when placed in TCC or Self-Protective status, inmates will be provided Food, Grooming, Showering and Shaving, Medical Services, Personal Items, Correctional Facility Clothing, Bedding and Linen, Inmate Legal Services, Correspondence, Visits and Telephone Calls, Recreation, Education, Visits by Professional and Correctional Facility Supervisory Staff and Work Opportunities equal to general population within limits to protect inmate.

Prior to placement in segregation, staff must complete a Department of Correction's Inmate Placement Investigation Form. The form requires staff and the inmate to discuss the inmate's history and safety concerns. Staff and the inmate sign the form and submit the recommendation to the classification committee.

Interviews with staff assigned to the segregation units and inmates placed on segregation, as well as the examination of segregation operations and policy/documentation confirm the facility's compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?

Yes No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004, ADM.006.011, SID.IMP#14 and SID.IMP#35 address the requirements of this standard. SID is the Division within the Office of the Commissioner that has duties that include, but are not limited to, ensuring that possible violations of the laws of the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A), the NJ Criminal

Code Title 2C, the Prison Rape Elimination Act of 2003 (PREA) and NJDOC policies and procedures by inmates, employees and individuals who visit NJDOC correctional facilities are investigated. Additionally, the SID shall serve as the NJDOC liaison to all other law enforcement agencies, conduct cooperative investigations in conjunction with federal, state, county and municipal law enforcement agencies. As facility liaison, the SID also provides requested information to outside agencies and provides access to the inmate.

SID investigators may conduct administrative investigations within the institution. When an allegation appears to be criminal in nature, the NSP investigative office, in conjunction with the NJ DOC SID, will refer the incident to the County Prosecutor for a criminal investigation if the investigation involves potential criminal conduct. Staff-on-inmate criminal investigations are conducted by the SID.

The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. There were 23 allegations of sexual abuse/sexual harassment investigated during the last 12 months. The investigative files were reviewed with the SID and SID supervisor who conduct the administrative investigations. The allegations were referred for investigation within three workdays of the incidents. The investigations were normally completed within 20 days. All investigations concluded that the allegations were unsubstantiated. Retaliation monitoring was provided for up to 90 days. Notifications were completed within the standard requirements. Compliance with this standard was determined by a review of policy/documentation and the investigation case file, as well as interviews with the Retaliation Monitor and the SID who completed the investigation.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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

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SID sexual abuse training includes training that a preponderance of the evidence is utilized in determining whether allegations of sexual abuse/sexual harassment are substantiated. Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard was utilized in all cases reviewed by the auditor.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate'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 inmate's unit? Yes No

- Following an inmate'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 an inmate'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 an inmate'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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IMM.001.004 and PCS.001.PREA.ICM address the requirements of the Standard. Policy mandates inmates in the custody of the NJ DOC who make an allegation of prohibited sexual conduct under the PREA be subsequently notified of the investigative outcome, following a PREA investigation for cases that are determined substantiated or unsubstantiated. The 23 allegations of sexual abuse/sexual harassment were investigated as outlined by policy. The investigations were completed prior to the on-site audit. The inmates were notified of the outcome in writing, upon completion of the investigation by the SID. Signed documentation indicating the inmate had received the outcome of the investigation of his allegation was reviewed by the auditor. Documentation is maintained in the IPCM file. Compliance with this standard was determined by a review of policy and an examination of the written notification, as well interviews with staff and an inmate who had made allegations.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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

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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.

IMM.001.004 addresses the mandates of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse/sexual harassment policies. There have been no reported cases of inmates engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. The IPCM provided a memo that there were no staff adverse actions due to sexual abuse, sexual harassment or sexual misconduct by staff.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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*)

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IMM.001.004 addresses the requirement for the Standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

During the previous year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment of an inmate. Compliance with this standard was determined by a review of policy and volunteer/contractor training files, as well as interviews with the Volunteer Coordinator and other staff.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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*)

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NJAC 10A, Chapter 4, relates to inmate discipline in the NJ DOC. Subchapter 12 and policy IMM.001.004 discuss zero tolerance offenses for which an inmate in the NJ DOC may be charged. The zero tolerance offenses listed in the NJAC 10A, Chapter 4, include behaviors specified in the PREA.

The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse; however, NJ DOC includes a disciplinary sanction for consensual sex. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

NJ DOC provides a handbook of disciplinary sanctions and disciplinary procedures that provide information to the inmate subject to disciplinary sanctions based on the formal disciplinary process that is defined within the policy. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. The NJSP considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations in the last year. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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*)

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MED.MHS.001.002 addresses the requirement of the Standard. A clinical interview, which will be documented on the Mental Health Clinical Intake Form, should be in compliance with current PREA standards for screening for risk of sexual victimization and abusiveness and include the recommendations for PREA status, when appropriate. The PREA standards are reflected in the EMR encounters for nursing, provider and psychological intake and ongoing PREA monitoring.

A newly admitted inmate will be seen by the medical staff within four hours of arrival. This encounter will be documented in the Electronic Medical Record (EMR). Interviews with medical and specialized staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by unit team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community.

When indicated, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All information is handled confidentially and interviews with intake screening staff support a finding of compliance with this standard. Compliance was also confirmed by a review of policies and intake screening documents, as well as interviews with facility Clinical Psychologists and three inmates who self-identified as having experienced prior victimization during intake.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate 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

115.82 (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

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

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MRD.MLI.007 and MED.IMHC.010 Co-Pay address the requirements of the Standard. The healthcare staff shall follow the institution's written plan for responding to allegations of sexual assault of inmates, to include providing only care necessary to stabilize the inmate before being transferred to the Hospital Emergency Department where forensic evidence will be collected, treatment will be provided and the inmate will be given any required prophylaxis. Healthcare staff shall not be involved in the management or treatment of sexual assault cases, unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. Such care may include the control of bleeding or stabilizing of other injuries incurred, but most frequently would involve emotional support and understanding. The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 16 hours a day, seven days a week and are available for consultation or call-back during off duty hours. Mental health providers are on-site five days per week and are also available for call-back during off duty hours. According to the Health Services Unit Internal Management Procedures MED.IMHC.010, inmates will be assessed a \$5.00 co-payment for each inmate visit for the following health-care related services. Services excluded from the co-payment requirement include medical visits initiated by medical/mental health staff to comply with NJ DOC policy or regulations and emergency services. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were no allegations of sexual abuse that required referral for forensic examination in the last year. Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff and the Prison Medical and Mental Health Administrators.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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.) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) 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*)

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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.

MED.MHS.002.010 addresses the requirements of the Standard. In accordance with PREA standards, mental health staff will conduct an evaluation of all known inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

As confirmed by a review of policies, the facility may offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. The evaluation and treatment of such victims include follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has staffed its medical and mental health departments and offers sexual abuse victims medical and mental health services consistent with the standard of care available in the community.

At the time of release, aftercare services will be arranged for any active mental health disorder, in accordance with current procedures for release planning. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. Compliance with the standard was verified through the review of policy and interviews with medical and mental health staff.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (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.

IMM.001.004, PCS.001.PREA.001 and PCS.001.PREA.ICM address the requirements of this standard. A Sexual Assault Advisory Council (SAAC) is a council which convenes at the facility and headquarters levels to review all allegations and instances of sexual abuse/sexual harassment with the purpose of assessing and improving PREA prevention, detection and response; and of reviewing, on a case-by-case basis, housing requests for transgender/intersex inmates based on gender identity. The facility IPCM convenes an institutional level sexual assault review of the substantiated and unsubstantiated sexual assault allegations within 30 days of the completion of the investigation by the SID. The review is held in accordance with PREA Standard 115.86 and COHQ's Sexual Assault Advisory Council's procedures and review form. A copy of the signed review committee form is maintained by the Institution PREA Compliance Manager and placed in Folder 115.86 on the DOCNet I drive.

The IPCM was interviewed and found to be extremely knowledgeable concerning her duties and responsibilities. There were twenty-three incidents that required a review team to conduct an incident review at the end of the investigation. The facility completed the required reviews within 30 days of the conclusion of the investigation. The review team meeting did take into consideration whether the incident was motivated by race, ethnicity, gender identity, status, perceived status or gang affiliation. The team also decided as to whether additional monitoring technology should be added to enhance staff supervision. The review team is comprised of upper-level management officials, to include the IPCM, Assistant Administrator, SID, the Health Services Administrator and the Assistant Administrator. The standard was found to be in full compliance with the standard.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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.

PCS.001.PREA.001 addresses the requirement of the Standard. The facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facility's PREA E-Management System. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the DOJ. The agency aggregates and reviews all data annually. The facility was found to be in full compliance with that standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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.

PCS.001.PREA.001 addresses the requirements of the Standard. The Sexual Assault/Prison Rape Elimination Act (PREA) Advisory Council was developed to review and analyze, at the departmental level, all allegations and incidents of sexual assault/sexual harassment, in accordance with the Prison Rape Elimination Act (PREA), to ensure that all applicable policies and procedures have been followed. An Annual Report is prepared and placed on the NJ DOC website <https://www.nj.gov/corrections/>. The 2017 Annual Report was reviewed by the auditor. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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 NJ DOC PREA Coordinator reviews data compiled by each facility and issues a report to the Department of Corrections. Agency PREA data is securely retained and is published on the <https://www.state.nj.us/corrections/pages/PREA/PREA.html> website after removing all personal identifying information. The reports cover all data required in this standard and are retained in a file. Compliance with this standard was determined by a review of policy, supporting documentation and the NJ DOC website, as well as staff interviews.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (l)

- 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 inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates 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.

This is the second PREA audit of this facility. The previous PREA audit was in October 2015. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout facility) allowed inmates to send confidential letters to the auditor prior to the audit. There was no correspondence received by the auditor from inmates or staff.

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, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.

NJ DOC website <https://www.nj.gov/corrections/> contains information on past PREA audits. The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. NJ DOC policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and NJ DOC PREA trends data via the NJ DOC website. The NJ DOC currently meets all applicable PREA standards and no corrective actions are required.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Robert Manville
Auditor Signature

July 25, 2019
Date

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

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