

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Southern State Correctional Facility

Physical address: 4295 Rt. 47 Delmont New Jersey 08314

Date report submitted: October 13, 2014

Address: P. O. Box 16054 Lansing, Michigan 48901

Email: fairbaa@comcast.net

Telephone number: (517) 303-4081

Date of facility visit: September 24-26, 2014

Facility Information

Facility mailing address: (if different from above)

Telephone number: (856) 785-1300

The facility is:

| | | |
|-------------------------------------------------|------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Military | <input type="checkbox"/> County | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Private for profit | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> State |
| <input type="checkbox"/> Private not for profit | | |

Facility Type:

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| <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison |
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Name of PREA Compliance Manager: Heather Griffith

Title: Asst. Superintendent

Telephone number: (856) 785-6613

Agency Information

Name of agency: Department of Corrections New Jersey

Governing authority or parent agency: (if applicable) State of New Jersey

Physical address: Whittlesey Rd. Trenton, NJ 08625

Mailing address: (if different from above) P. O. Box 863 Trenton, New Jersey 08625

Telephone number: (609) 292-4036

Agency Chief Executive Officer

Name: Gary M. Lanigan **Title:** Commissioner

Email address: Gary.Lanigan@doc.state.nj.us **Telephone number:** (609) 292-4036

Agency-Wide PREA Coordinator

Name: Douglas Gerardi **Title:** Director, Policy and Planning

Email address: Douglas.Gerardi@doc.state.nj.us **Telephone number:** (609) 826-5625

AUDIT FINDINGS

NARRATIVE:

On September 24-26, 2014, an audit was conducted at the Southern State Correctional Facility to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on September 24, 2014. This encompassed observation of all inmate living areas including medical operations, infirmary and restricted housing in the evening when inmates were present. Documents reviewed for this audit included policy, procedure, institutional procedure, contracts, staff training records, personnel files, volunteer training records, sexual abuse & harassment complaints, and training curriculums.

Formal interviews were scheduled through random selection of staff and inmates. Inmates were selected while conducting the tour of the facility, and the following day the inmates representatives were interviewed from areas where interviews were not conducted ensuring that at least one inmate was interviewed from each housing unit. Staff interviews included the following staff: Administrator (warden), PREA compliance manager, agency PREA coordinator, the human resource manager, the health manager (contract) and a contract staff with Gateway, corrections officers from all areas of the complex (three on the morning watch, three on afternoon shift and three on the evening watch), one from restrictive housing, supervisors from each shift, a lieutenant and a sergeant), the facility investigators (special investigation division), staff who conduct intake (classification) and screen inmates (also the psychologist), and one volunteer. Additional inmate interviews included three deemed vulnerable, one with limited English, and one transgender inmate. The agency head was not interviewed as he participated in an interview at a previous New Jersey Department of Corrections PREA audit in 2014. At the conclusion of the audit, it is very evident that the Commissioner supports compliance with the requirements of the standards.

The auditor was allowed free access to all areas of the facility, access to interview inmates selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit, as well as providing information on how to contact the ombudsman.

One letter was received in response to the posters providing details of concern about another inmate which was anonymous. It was immediately referred for investigation. This was discussed with the investigator; actions have been initiated to investigate it. The investigation remains open.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Southern State Correctional Facility is located on 77 acres in southern Cumberland County, adjacent to Bayside State Prison. Construction of the facility marked a new concept for the state in two areas. Its entire construction consists of prefabricated units, and all inmates are housed in dormitory style units instead of in individual cells. Each housing building is separated by a fence and outdoor recreation is available for each unit. Inside there is an office for staff needs (interviews, etc.), two day room areas, and ten wings where bunks are located. Each wing has a shower and bathroom at the front of the wing for the sixteen inmates housed in that area with curtains for privacy, yet (consenting) affording corrections staff the ability to ensure safety. There are several support buildings within the security perimeter that house various departments such as vocational shops, social services, education, vocational shops, religious services, medical, dental, and psychological services. These departments provide the inmate population with a wide variety of programming, educational and rehabilitative services.

Design capacity of 2,375, and the average daily population reports to be 1,953. The population count at the time of the audit was 2,121. Age range of inmates was 21-73. Security level is full minimum, gang minimum and medium. There is 633 staff, 87 volunteers and 159 contract staff. There are (15) fifteen buildings, (14) fourteen of which are housing units.

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.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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| Standard number here | §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Written policy **This is addressed in IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Level I Internal Management Procedure IMM.001.PSA.001, SSCF.IMM.001.004 Zero Tolerance Policy Prison Sexual Assault and SSCF.IMM.001.PSA.001 Zero Tolerance of Sexual Assault**

(b) Upper level agency wide PREA coordinator **Douglas Geradi, Director Policy and Planning, serves at the agency PREA Coordinator.**

(c) PREA compliance manager at the facility, **Heather Griffith, Assistant Superintendent fulfills this function at the facility.**

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| Standard number here | §115.12 - Contracting with other entities for the confinement of inmates |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) new contracts PREA requirements with private agency

(b) new contract, contract monitoring included

The agency maintains contracts for Residential Community Release with Education Health Centers of America. PREA requirements and contract monitoring are included. However, Southern State Correctional Facility does not serve as a parent/regional facility for residential community program returnees.

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| Standard number here | §115.13 – Supervision and Monitoring |
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☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Staffing plan considerations, document deviations

This is required by Policy" Post Trick Analysis/Baseline Custody Staffing

(b) PREA coordinator and agency determine adjustments

Annual staffing plan report submitted to Agency PREA Coordinator. Confirmed with interviews with the Warden and PREA agency coordinator.

(c) Policy for unannounced rounds, prohibit staff from alerting others

Policy CUS.001.011 and CUS.001.SEA.001 SSCF.17.CUS.001.SEA.001 Searches of Inmates and Correctional Facilities and SSCF.17A.CUS.001.011 Searches of Inmates and Correctional Facilities require unannounced rounds and prohibits staff from alerting others. Review of documentation supports compliance with this standard. Review of logbooks, interviews with staff and inmates support that this is clearly the practice at this facility.

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| Standard number here | §115.14 – Youthful Inmates |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

N/A no youthful offenders

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| Standard number here | §115.15 – Limits to Cross-Gender Viewing and Searches |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Only exigent circumstances for cross gender strip or cavity

CUS.003.001 Gender Restrictions of Custody Posts and SSCF.CUS.003.001 Gender restrictions of custody posts and other policy prohibits cross gender strip, cavity and pat down searches. There are gender restrictions for custody posts.

(b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017) Not applicable

- (c) Document cross gender strip searches, cavity searches and pat down searches of females
Policy prohibits cross gender strip, cavity and pat down searches.
- (d) Inmates can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit
This is addressed in CUS.003.001. All inmate interviews confirmed that female staff announces their presence. Curtains covering the toilet and shower were viewed in all areas during the tour. The auditor was announced in every unit and housing wing entered.
- (e) Transgender not searched for sole purpose of determining genital status.
This is addressed in CUS.003.011
- (f) Train security staff in cross gender pat down and transgender/intersex inmates
This is addressed in the training module on searches of inmates. The interview with the transgender inmate revealed no concerns with pat down searches.

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| Standard number here | §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Disabilities, intellectual, psychiatric or speech have equal opportunity, including written materials
These needs are addressed at intake by health care staff. Several policies ensure their individual needs are addressed.
- (b) Agency takes reasonable steps, including interpreters
Language line is available. Staff is available for interpretation. English as a Second Language (ESL) is offered at this facility. Not rely on inmate interpreters (unless limited circumstances)
This is addressed in SUP.004.001
One interview with an inmate who could not speak English when he entered the system but now can understand and communicate has confirmed that staffs are available. Interviews with staff and inmates confirmed that an inmate would not be used for a PREA complaint.

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| Standard number here | §115.17 – Hiring and Promotion Decisions |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Not hire employee or contractor who has engaged in abuse, convicted of sexual activity by force, civilly or administratively adjudicated
- (b) Shall consider incidents of sexual harassment
- (c) Before hiring perform back ground checks, check references
- (d) Including contractors
- (e) Background check every five years
- (f) Ask applicants about previous misconduct described and impose continuing affirmative duty
- (g) Omissions grounds for termination

This is addressed in PSM.001.0111 Staff Selection & Promotions and PSM.001.001 The Reporting of Summons, Arrests Incarcerations, The Confiscation of Firearms, and/or Suspension of Firearms Privileges of New Jersey DOC Employees, PSM.SSP.003 Internal Management Procedure ADM.006.007 - Pre-employment background check + ID Cards, PSM.001.SSP.003 Panel Interviews. Contract and volunteer staff are addressed as well.

- (h) Agency provides information to other
Executive Order #11 provides for this.

The Special Investigation Unit conducts background checks on staff. This was supported by documentation in a random sampling of personnel files. Background checks every five years has been recently implemented; however, this was reported by the Agency PREA coordinator that substantial progress has occurred to catch this process up.

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| Standard number here §115.18 – Upgrades to Facilities and Technology |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) New facility or expansion or modification - NA
- (b) Installing video monitoring

This is addressed in SUP.001.000 Capital Planning and Construction MGO. Documentation regarding video monitoring was provided to the auditor. The facility uses current technology to support safety in this facility. Several cameras, some with

zoom, point, tilt, have been added. The Administrator discussed specific plans for additional cameras which have been requested. The decision on placement has been determined and was clearly reviewed for enhancement of inmate safety.

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| Standard number here | §115.21 – Evidence Protocol and Forensic Medical Examinations |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence

(b) Protocols appropriate for youths - Not applicable

(c) Offer forensic medical exams, document efforts if they cannot

(d) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person. Document efforts to secure services

(e) Accompany the victim if requested

(f) Request investigating agency follow the requirements

(g) Includes State entity or DOJ

(h) Qualified advocate has received appropriate education and has been appropriately screened.

Policies that address this standard are MED.MHS.002.010 - Counseling Services for Victims of Sexual Assault, MED.MLI.007 Sexual Assault, and Internal Management Policy Special Investigation Division (SID). Information regarding location of SANE/SAFE medical staff is maintained. A victim advocate is available at the hospital where the exams would occur. No incidents have occurred requiring an exam to date since implementation of the PREA standards.

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| Standard number here | §115.22 – Policies to Ensure Referrals of Allegations for Investigations |
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Agency ensure administrative or criminal investigation completed for all allegations

- (b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented
- (c) Publication describing responsibilities of separate entity and agency
- (d) State entity shall have a policy governing conduct of these investigations
- (e) DOJ - NA

ADM.006.011 Investigations by the Special Investigations Division, CUS.SEA.01 Searches, CUS.001.CSM.01 Crime Scene Management, NJDOC Level 1 IMP IMM.001.PSA.001, NJDOC Level 1 IMP CUS.SEA.01 Searches, IMP ADM.006.SID.014 Sexual Assault (Confidential), ADM.006.SID.035 Investigation Procedures (Confidential) SSCF.CUS.035 Crime Scene Management, and SSCF.IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault addresses this standard. Interviews confirmed that all referrals of sexual harassment or abuse are investigated.

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| Standard number here | §115.31 – Employee Training |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Train all employees with contact with inmates on ten elements
- (b) Tailored to the gender of the inmates at the facility
- (c) Current employees trained within one year
- (d) Document that employees understand the training they received.

ADM.010.004 - Staff-Inmate Over Familiarity, PREA Training non-custody PREA training and PREA Refresher 2014, ensure that all staff with contact are properly trained in addition to providing a quick book series for staff to keep in their possession. The training form indicates that, by signature, staff understood the training they received. Staff interviews confirmed they have been trained and received the quick book as well as maintained them in the work area or on their person.

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| Standard number here | §115.32– Volunteer and Contractor Training |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Train all volunteers/contractors with contact with inmates
- (b) Tailored to the services they provide, zero tolerance and how to report
- (c) Document that volunteers/contractors understand the training they received.

PCS.001.003 Volunteer Service Program, OFFICE OF VOLUNTEER SERVICES, HANDBOOK FOR VOLUNTEERS, PREA Info for NJDOC Contractors addresses this standard and requires that volunteers and staff acknowledge, through signature, that they understand the training they received. Volunteer records were provided and demonstrated compliance with the policy and procedure. Medical staff and Gateway (substance abuse therapeutic community) staff are contract staff. They also have the quick books and were knowledgeable regarding the policy on zero tolerance, and who to contact in the event an incident is reported to them.

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| Standard number here | §115.33 – Inmate Education |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- a) Intake, inmates receive information zero-tolerance, how to report
This is provided in the inmate handbook.
- b) Thirty days, comprehensive information including retaliation
- c) Current inmates educated within one year and upon transfer if different
- d) Provide in format accessible to all inmates – disabled and limited English
- e) Documentation of inmate participation in education sessions
- f) Ensure key information is readily and continuously available

Posters provide information and include the information on the following avenues for reporting: Inmate Remedy System Form, NJ Office of the Corrections Ombudsman Free Confidential Hotline, Special Investigations Division Locked Confidential Mailbox, NJ DOC SID Confidential Tip Line. This is also available in Spanish. Inmates are oriented regarding PREA upon arrival to the facility.

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| Standard number here | §115.34 – Specialized Training: Investigations |
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- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- a) Investigators have received special training
- b) Includes techniques for interviewing abuse victims, Miranda and Garrity, sexual abuse evidence collection, criteria to substantiate
- b) Documentation they have completed the training
- c) State and DOJ provided training

Review of training materials, and documentation of staff training support compliance with this standard. Investigations are conducted by the Special Investigation Unit for the New Jersey Department of Corrections. Three completed investigations were reviewed. They were very thorough. It is evident that these referrals are taken seriously and investigated thoroughly. The training given for PREA was very detailed and meaningful. Staff was very knowledgeable and committed to their positions.

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| Standard number here | §115.35 – Specialized training: Medical and mental health care |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Full and part time medical and mental health care staff in the facility have been trained four requirements (how to detect, how to preserve evidence, how to respond, and how and to whom to report)
- (b) If they conduct forensic exams, they are trained
- (c) Documentation of training maintained
- (d) Also include training required for contractors and volunteer if that is their status

A review of the training module and training documents supports compliance with the standard. Medical staff interviewed confirmed compliance with this standard. In this department, medical and mental health staffs have a very significant and active role in preventing, detecting and responding to PREA allegations.

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| Standard number here | §115.41 – Screening for Risk of Victimization and Abusiveness |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) All inmates assess during intake screening and upon transfer to another facility for their risk of being abused or being an abuser
- (b) Takes place within 72 hours
- (c) Objective screening instrument
- (d) Considers ten areas
- (e) Considers prior acts of violence
- (f) Reassess within 30 days inmates risk
- (g) Reassessed when warranted
- (h) Not disciplined for not answering
- (i) Appropriate controls on dissemination

MED.IMA.001 Health Appraisals at Reception, MED.MHS.001.001 Access to MH Services and MED.MHS.001.002 MHS Reception Evaluation address this standard. Screening is conducted by mental health staff and then summarized and provided to classification staff.

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| Standard number here | §115.42 – Use of Screening Information |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Information used to inform housing, bed, work, education to keep separated
- (b) Individualized determinations
- (c) Transgender case by case
- (d) Placement, programming for transgender determined twice a year
- (e) Transgender, intersex own views given serious consideration
- (f) Transgender, intersex given opportunity to shower separately
- (g) Not placed in dedicated facilities unless due to a consent decree

The institutional classification committee along with a computerized tracking system ensures that unique needs revealed by the PREA screen are met in the area of housing, work, education and programming. Transgender inmates are specifically monitored twice a year. They are not housed in a dedicated facility.

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| Standard number here | §115.43 – Protective Custody |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) High risk victimization not placed in involuntary segregation unless no other alternative, less than 24 hours to complete the assessment.
- (b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations
- (c) Assigned to involuntary until alternative means not to exceed 30 days
- (d) Document
- (e) Review every 30 days

Title 10A Chapter 5 Close Custody Units addresses protective custody.

Administrative transfers are also an alternative. No incidents of placement in protective custody were reviewed. There is an alternative observation cell in the infirmary that can be utilized in the event of a need.

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| Standard number here | §115.51 – Inmate Reporting |
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☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Multiple internal ways to privately report abuse, harassment, retaliation or staff neglect
- (b) One method to report to public or private entity
- (c) Staff shall accept verbal, writing, anonymous and third parties immediately and document
- (d) Agency provides a method for staff to report privately

IMM.002.001 Inmate Remedy System, IMM.002.IRS.001 Inmate Remedy System, SSCF.IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault and SSCF.IMM.002.RRP.001 Inmate Remedy System address this standard.

Multiple reporting methods include:

- **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 interoffice mail with no postage required.**
- **Special Investigations Division at your facility**
- **Institutional PREA Compliance Manager at your facility**
- **Third parties on behalf of an inmate (family, friends, etc.) may utilize the NJ DOC Inmate Remedy System or contact the NJ Office of the Corrections Ombudsman to report an incident of sexual abuse/harassment.**
- **Hotline to SID**

Staff and inmate interviews supported that they are assured they have multiple ways to report which include reporting privately and anonymously.

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| Standard number here | §115.52 – Exhaustion of Administrative Remedies |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Agency exempt If no administrative procedures to use grievance for inmate abuse
- (b) No time limit on grievance for sexual abuse (1-4)
- (c) Ensures not submitted to staff who is subject and not referred to that staff
- (d) 90 days 1-4
- (e) Third party permitted to file (1-4)
- (f) Procedure for filing emergency grievance
- (g) Can discipline where filed in bad faith

IMM.002.IRS.001 Inmate Remedy System and SSCF.IMM.002.RRP.001 Inmate Remedy System address this standard.

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| Standard number here | §115.53 – Inmate Access to Outside Confidential Support Services |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Access to outside victim advocates for emotional support services by mail or telephone, toll free hotline, reasonable communication in a confidential manner
- (b) Informed of the extent that it will be monitored
- (c) Maintain an MOU with community service providers

Inmates are provided with a brochure with the following information:

NJ Sexual Assault Hotline

1-800-601-7200

NJ Coalition Against Sexual Assault

609-631-4450

New Jersey's Crime Victim's Law Center

973-729-7337

New Jersey State Parole Board

Victim Services

609-292-4582
NJDOC Office of Victim Services
609-943-5390
Rape Care Program
609-292-8840
RAIN
1-800-656-HOPE
Child Abuse/Neglect Hotline
1-877-652-2873
DHS Child Support Hotline
1-877-655-4371
Division of Mental Health Services
1-800-382-6717

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| Standard number here | §115.54 – Third-Party Reporting |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Method to receive and distribute publicly information on how to report

Posters are visible with the following information:

Third parties on behalf of an inmate (family, friends, etc.) may utilize the NJ DOC Inmate Remedy System or contact the NJ Office of the Corrections Ombudsman to report an incident of sexual abuse/harassment.

NJ Office of the Corrections Ombudsman

Office of the Corrections Ombudsman
PO Box 855
Trenton, NJ 08625
1-609-633-2596 (Main Office)
1-555-555-5555 (Inmate Only Toll Free Number)

Many inmates indicated they were aware of this during their interviews.

The New Jersey website was viewed. It is very informative regarding what PREA is and how to report complaints.

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|---------------------------------|----------------------------------------------------|
| Standard number here | §115.61 – Staff and Agency Reporting Duties |
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Staff required to report immediately
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) Practitioners required to report abuse, limits on confidentiality
- (d) If victim is under 18
- (e) All reports to facility's designated investigator
- IMM.001.PSA.001 Zero Tolerance of Sexual Assault addresses this standard. Interviews with medical staff indicated they are aware of their duty to report and limits on confidentiality. All staff interviews indicated they are aware of the need to report immediately and to not reveal information to staff that do not need to know.**

| | |
|---------------------------------|-------------------------------------------|
| Standard number here | §115.62 – Agency Protection Duties |
|---------------------------------|-------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard
Inmate subjected to imminent abuse – immediate action

This is addressed in IMM.001.PSA.001 Zero Tolerance of Sexual Assault, nd SSCF.IMM.001.PSA.001 Zero Tolerance of Sexual Assault. Protective custody is available. As noted, an alternative placement is the observation cell located in the medical area. No instances of imminent abuse have occurred.

| | |
|------------------------------------|------------------------------------------------------------|
| No Standard number here | §115.63 – Reporting to Other Confinement Facilities |
|------------------------------------|------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Reporting to another facility
- (b) Within 72 hours
- (c) Documented
- (d) Facility head receives notification that investigation

PCS.001.PREA.ICM Institutional Prison Rape Elimination Act Compliance
Manager addresses this standard. Interviews with SID and other staff as well as informational examples support compliance with this standard.

| | |
|-----------------------------|-----------------------------------------------|
| Standard number here | §115.64 – Staff First Responder Duties |
|-----------------------------|-----------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) First security staff required to , separate, preserve, collect victim, collect abuser
- (b) If not security, staff required to request alleged victim not destroy physical evidence then notify security staff

IMM.001.PSA.001 Zero Tolerance of Sexual Assault, CUS.001.CSM.01 Crime Scene Management, MED.MLI.007 Sexual Assault, SSCF.IMM.001.PSA.001 Zero Tolerance of Sexual Assault, SSCF.IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault and the procedure for Special Investigation Division, sexual offenses address this standard. All staff interviews confirmed that staff are knowledgeable regarding their duties in the event of an inmate reporting to them.

| | |
|-----------------------------|---------------------------------------|
| Standard number here | §115.65 – Coordinated Response |
|-----------------------------|---------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

IMM.001.PSA.001 Zero Tolerance of Sexual Assault, CUS.001.CSM.01 Crime Scene Mngt, MED.MLI.007 Sexual Assault and the procedure for Special Investigation Division, sexual offenses address this standard. The institutional plan is addressed in SSCF.IMM.001.PSA.001 Zero Tolerance of

Sexual Assault, SSCF.IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault. Quick books also provide direction on the coordinated response.

| | |
|-----------------------------|---------------------------------------------------------------------------------------|
| Standard number here | §115.66 – Preservation of ability to protect inmates from contact with abusers |
|-----------------------------|---------------------------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Collective bargaining new contract limiting agency's ability
- (b) This standard doesn't restrict discipline and no-contact assignment

Review of contracts for officers, sergeants, lieutenant, majors, kitchen workers, health care and investigators demonstrates compliance with this standard.

| | |
|-----------------------------|--------------------------------------------------------|
| Standard number here | §115.67 – Agency protection against retaliation |
|-----------------------------|--------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Policy protects inmates and staff who report
- (b) Agency employs multiple protection measures
- (c) Monitor for retaliation for 90 days or beyond if needed
- (d) Inmates also periodic status checks
- (e) If fear of retaliation expressed, agency shall take appropriate measures
- (f) Do not have to monitor if allegation is unfounded

IMM.001.PSA.001 Zero Tolerance of Sexual Assault and PCS.001.PREA.ICM Institutional Prison Rape Elimination Act Compliance Manager address this standard.

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|-----------------------------|-----------------------------------------------------|
| Standard number here | §115.68 – Post-Allegation Protective Custody |
|-----------------------------|-----------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

See §115.43

| | |
|-----------------------------|--------------------------------------------------------------------|
| Standard number here | §115.71 – Criminal and Administrative Agency Investigations |
|-----------------------------|--------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Investigation done promptly, thoroughly, objectively
- (b) Abuse – investigators have received specialized training
- (c) Investigators gather and preserve direct and circumstantial evidence
- (d) If criminal, will conduct interviews after consulting with prosecutor
- (e) Credibility assessed individually
- (f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
- (g) Criminal investigations thorough description of physical, testimonial and documentary evidence
- (h) Substantiated criminal referred
- (i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
- (j) Departure of alleged abuser or victim does not terminate investigation
- (k) State, DOJ
- (l) Facility cooperates with outside investigators

ADM.006.011 Investigations by SID, SID IMP #014 Sexual Offenses and SID IMP #035 Investigation Procedures addresses this standard. All elements are addressed in investigator training. As noted, the investigators are well trained, on-call to ensure immediate investigations and knowledgeable. They are trained to report facts, statements and provide evidence. They work directly with the prosecutor and are trained in the same manner as police, although some circumstances will initiate police involvement as well. They are actively involved and informed in all investigations within the correctional facilities. Investigations continue after a

person has quit, and if substantiated, the department will proceed with termination. Preponderance of evidence determination is left with the prosecutor or person assigned to review the report in the cases of administrative investigations.

| | |
|-----------------------------|-------------------------------------------------------------------------|
| Standard number here | §115.72 – Evidentiary Standard for Administrative Investigations |
|-----------------------------|-------------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

No standard higher than preponderance of evidence

This is addressed in investigator training.

| | |
|-----------------------------|--------------------------------------|
| Standard number here | §115.73 – Reporting to Inmate |
|-----------------------------|--------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Inform inmate whether allegation has been substantiated, unsubstantiated, or unfounded
- (b) If agency did not conduct, will request relevant information from investigative agency
- (c) When staff member did abuse (1 - 4)
- (d) When an inmate did abuse (1 – 2)
- (e) Notifications documented
- (f) Obligation terminated if released from custody

PCS.001.PREA.AC addresses this standard. The notification form incorporates all aspects of this standard. Interviews with facility PREA manager and documentation supports that the inmate is informed of the outcome of the investigation.

| | |
|-----------------------------|---------------------------------------------------|
| Standard number here | §115.76 – Disciplinary sanctions for staff |
|-----------------------------|---------------------------------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Staff disciplinary sanctions up to termination

(b) Termination presumptive when sexual abuse

(c) Commensurate with act, history, sanctions for similar histories

(d) All reported to law enforcements unless not criminal and to licensing bodies

E3 - HRB 84-17 - DOC Disciplinary Action Policy addresses this standard. No examples of staff termination for PREA activity has occurred.

| | |
|-----------------------------|-------------------------------------------------------------------|
| Standard number here | §115.77 – Corrective action for contractors and volunteers |
|-----------------------------|-------------------------------------------------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Contractor, volunteer reported unless not criminal

(b) Facility takes remedial measures, consider prohibiting contact when not criminal

PCS.001.003 Volunteer Service Program, PCS.001.VOL.001 Volunteer Services, and PREA Info for NJDOC Contractors address this standard. Although no instances had occurred to review, interviews confirmed that the volunteer or contractor would be removed pending investigation.

| | |
|-----------------------------|-----------------------------------------------------|
| Standard number here | §115.78 – Disciplinary sanctions for inmates |
|-----------------------------|-----------------------------------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Inmates subject to sanctions
- (b) Sanctions commensurate
- (c) consider mental disabilities
- (d) consider whether to require offender to participate in therapy
- (e) against staff if no staff consent
- (f) not falsifying if made in good faith
- (g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

Title 10A Inmate Discipline, NJAC 10A Chapter 4 Inmate Discipline Excerpts, and the Handbook on Discipline for Inmates address this standard.

| | |
|------------------------------|---------------------------------------------------------------------------------------|
| <p>©Standard number here</p> | <p>§115.81 – Medical and mental health screenings; history of sexual abuse</p> |
|------------------------------|---------------------------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Prison inmate experienced prior victimization follow up in 14 days
 - (b) Prison inmate experienced prior perpetration follow up in 14 days
 - (c) Jail inmate experienced prior victimization follow up in 14 days
 - (d) This information limited to mental/medical and other staff deemed necessary
 - (e) Get informed consent before reporting that didn't occur in an institutional setting
- MED.MHS.001.002 MHS Reception Evaluation addresses this standard. The intake form verifies follow up is provided for the criteria in this standard. Two inmate interviews confirmed that follow up treatment has been provided based on their responses to the screen.**

| | |
|-----------------------------|--------------------------------------------------------------------------------|
| <p>Standard number here</p> | <p>§115.82 – Access to emergency medical and mental health services</p> |
|-----------------------------|--------------------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Victims unimpeded access to emergency services
- (b) If no medical or mental health on duty, first responders protect and immediately notify
- (c) timely information and timely access to prophylactic treatment
- (d) treatment provided to victims without financial cost

Counseling Services-Sexual Assault and MED.EME.005 Emergency Response, and MED.MLI.007 Sexual Assault address this standard. No instances have occurred; staff interviews, as well as the coordinated plan support that access would be immediate.

| | |
|-----------------------------|----------------------------------------------------------------------------------------------|
| Standard number here | §115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers |
|-----------------------------|----------------------------------------------------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Mental, medical to all victims evaluation and ongoing
- (b) Follow up, treatment plans, referrals
- (c) Consistent with community care
- (d) Pregnancy tests
- (e) If pregnant, appropriate legal treatment
- (f) STD tests
- (g) Treatment services without costs
- (h) Mental health evaluation of all known inmate on inmate abusers within 60 days

MED.MHS.002.010 - Counseling Services-Sexual Assault and MED.MLI.007 Sexual Assault address this standard.

| | |
|-----------------------------|------------------------------------------------|
| Standard number here | §115.86 – Sexual abuse incident reviews |
|-----------------------------|------------------------------------------------|

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

Auditor comments, including corrective actions needed if does not meet standard

- (a) Incident review unless unfounded
- (b) Within 30 days
- (c) Team includes upper level management with supervisors, investigator, medical/mental health
- (d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
- (e) Implement or document why not

PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee PCS.001.005 PREA - Sexual Assault Advisory Committee and SSCF.PCS.PREA.001. Sexual

Assault Prison Rape Elimination PREA addresses this standard. Meetings are conducted state wide monthly and at the facility semiannually.

Standard number here §115.87 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Accurate, uniform data, standardized instrument, definitions
- (b) Aggregate annually
- (c) Survey of Sexual Violence
- (d) Maintain from all available incident-based
- (e) Obtain from private facility
- (f) Provide to DOJ June 30

PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee, Survey of Sexual Violence for 2013 support compliance with this standard.

Standard number here §115.88 – Data Review ☐ for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Agency reviews data to assess, improve (1-3) identify problem areas, take corrective action, prepare annual report
- (b) Compare current with prior years
- (c) Available to the public

PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee and PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee address this standard. Information is posted on the NJDOC website.

Standard number here §115.89 – Data Storage, ☐ Publication, and Destruction ☐

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Securely retained
- (b) Readily available to the public at least annually
- (c) Removes all personal identification
- (d) Maintained for 10 years

DOC Records Retention Schedule supports that incident report records are maintained for at least 10 years.

Information is available on the website at
<http://www.state.nj.us/corrections/pages/PREA/PREA.html>

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Amy Fairbanks

Date


10/13/2014

Auditor Signature