

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: Click here to enter text.

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| Auditor Information | | | |
| Auditor name: Howard Sweeney - The Nakamoto Group | | | |
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| Email: walt.sweeney@nakamotogroup.com | | | |
| Telephone number: 301-468-6535 | | | |
| Date of facility visit: September 21,22 and 23, 2015 | | | |
| Facility Information | | | |
| Facility name: Northern State Prison | | | |
| Facility physical address: 168 Frontage Road, Newark, NJ 08114 | | | |
| Facility mailing address: <i>(if different from above)</i> Same as physical address | | | |
| Facility telephone number: 973-465-0088 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Robert Chetirkin | | | |
| Number of staff assigned to the facility in the last 12 months: 793 | | | |
| Designed facility capacity: 2602 | | | |
| Current population of facility: 2513 | | | |
| Facility security levels/inmate custody levels: Minimum, Medium, Maximum | | | |
| Age range of the population: 20-76 | | | |
| Name of PREA Compliance Manager: Kenya Collins | | Title: Assistant Superintendent | |
| Email address: kenya.collins @doc.nj.gov | | Telephone number: 973-578-4119 | |
| Agency Information | | | |
| Name of agency: New Jersey Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of New Jersey | | | |
| Physical address: Whittlessey Road Trenton, NJ 08625 | | | |
| Mailing address: <i>(if different from above)</i> P. O. Box 863, Trenton, NJ , 08625 | | | |
| Telephone number: 609-292-4063 | | | |
| Agency Chief Executive Officer | | | |
| Name: Gary Lanigan | | Title: Commissioner | |
| Email address: gary.lanigan@doc.nj.gov | | Telephone number: 609-292-4036 Ext 4036 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Jennifer Malinowski | | Title: Director of Policy and Planning | |
| Email address: Jennifer.malinowski@doc.nj.gov | | Telephone number: 609-292-4036 Ext 5625 | |

AUDIT FINDINGS

NARRATIVE

The PREA audit of Northern State Prison was conducted from September 21 through September 23, 2015. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and when required, provided supporting documentation for the responses in the questionnaire. An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Robert Chetirkin, Prison Complex Administrator; Cynthia Sweeney, Associate Administrator, Prison Operations; Kenya Collins, Assistant Superintendent and Institutional PREA Compliance Manager (IPCM); and Jennifer Malinowski, Director, Office of Policy and Planning and the New Jersey Department of Corrections (NJDOC) PREA Coordinator. A comprehensive tour of the facility was conducted which included the facility's intake, all housing units, segregated housing units, health care areas and recreation areas, food service areas, education and programming areas. During the tour, it was obvious that female employees were routinely announced when entering an area where male inmates were present. Inmate interviews confirmed that the knock and announce practice had been in place for several years and the review of housing unit logs confirmed that officers document when female employees are present in the unit. Informal conversations with line staff and inmates regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in housing units, common areas and throughout the facility. The audit notice postings were also noted in each housing unit and in all common areas.

Following the tour staff interviews were conducted. A total of 18 correctional officers were interviewed and included line officer, majors and lieutenants. Officers from all shifts were interviewed. All officers were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders. Specialized staff were also interviewed and included the Administrator, the NJDOC PREA Coordinator, the IPCM, the Chief Special Investigations Division Investigator, volunteers, health care providers and mental health professionals. Staff interviews conducted demonstrated a good understanding and knowledge of the PREA mission and standards and their responsibilities under the program.

Fifteen randomly selected inmates were interviewed and were from all housing units. No inmates self-identified as being gay, bisexual, transgender or intersex. One slightly disabled inmate and two limited English proficient inmates were included in the group of 15 inmates. There were no inmates in the facility at the time of the audit that had alleged sexual abuse or harassment. In addition, there were no inmate letters received as a result of the audit notices posted in the facility. Inmate interviews demonstrated a good understanding of the PREA program and the prevention and reporting mechanisms. Each interviewed inmate confirmed that they had been screened for sexual victimization and sexual assaultive behavior.

The facility has a well-established and coordinated PREA program that includes prevention, responsive planning, education, screening, reporting, responsiveness, protection, investigation, discipline, health care and data collection and review. The program is enhanced by its use of their PREA E-Management and alert systems that provide daily information to all of the agency's facilities regarding affected inmates.

DESCRIPTION OF FACILITY CHARACTERISTICS

Northern State Prison is located in Newark, New Jersey which is part of Essex County. The prison is situated on 43 acres and houses a mix of custody levels that range from minimum to close custody. The offender population is classified as General Population, Special Needs, Administrative Close Supervision (inmates who have incurred serious disciplinary charges) and Therapeutic Community consisting of inmates with addictive behaviors. Inmates who are classified as minimum security may be permitted to participate in community service activities. The gender of the population is 100 percent male. The facility does not house youthful offenders. The prison is designed to permit inmates to shower, change clothes and use toilet facilities with a fair amount of privacy and avoid cross-gender viewing. The facility has a medical housing unit and has medical personnel on site at all times. Inmates requiring forensic evidence gathering due to sexual abuse or health care beyond the scope of services provided in the facility are transported to providers in the local community.

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

The facility met or exceeded all applicable standards. A corrective action plan is not required.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

New Jersey Administrative Code 10A, New Jersey Department of Corrections (NJDC) policy IMM.001.004, and facility policy NSP.CUS 1088 provide written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Agency and facility policies define all forms of sexual abuse and sexual harassment and define procedures for offender reporting, prevention, intervention and staff reporting and security procedures. The Commissioner of the NJDC has named the Director of the Office of Policy and Planning as the agency's PREA Coordinator. The PREA Coordinator reports to the agency's Chief of Staff. The facility's Assistant Superintendent is the PREA Compliance Manager and reports facility's CEO. Interviews with the agency's PREA Coordinator and facility's PREA Compliance Manager confirmed that both have sufficient time and authority to coordinate the agency's and facility's efforts to comply with the PREA standards. A tour of the facility; the review of inmate orientation documentation; the observation of postings in the housing units and common areas and inmate interviews confirmed that inmates are informed about the facility's zero tolerance policy.

Standard 115.12 Contracting with other entities for the confinement of inmates

- ☐ 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)

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The agency contracts with six Residential Community Release Programs (RCRP), community confinement facilities, for the confinement of inmates. Current contracts signed before August 20, 2012, are still in force. The statement of work requires these facilities to comply with the New Jersey Administrative Code (NJAC). The NJAC requires compliance with PREA standards. At the time of the audit, all six contracts are currently up for rebidding. The new statement of work for RCRPs specifically requires each facility to comply with the standards set forth by the Prison Rape Elimination Act pursuant to 28 C.F.R. Part 115, Community Confinement Standards; provide the Office of Community Programs with a copy of their PREA audit results; and on an annual basis, must meet NJDOC monitoring requirements for PREA compliance. Contractors who do not make every effort to become PREA compliant and maintain compliance are prohibited from future opportunities to contract with the NJDOC.

Standard 115.13 Supervision and monitoring

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

NJDOC policy 3301 Post Trick Analysis/Baseline Staffing, NJDOC policy CUS.001.011 Searches of Inmates and Facilities and NJDOC Level 1 IMP CUS.001.SEA.01 address the requirements of the standard. Superintendent Robert Chetirkin reviews the institutional staffing plan annually and ensures that there is always the proper staffing level or a post would be closed. Staffing plans determine the need and placement of video monitoring and take into consideration all items identified in the standard. Deviations from the staffing plan are documented and include unscheduled medical trips, emergency maintenance and states of emergency. During the tour of the facility, log books from each housing unit and common areas were examined and confirmed documentation of unannounced rounds by intermediate or higher level supervisors. The unannounced rounds were conducted on all shifts. The NJDOC has 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.

Standard 115.14 Youthful inmates

- ☐ 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)

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Not applicable. The facility does not house youthful inmates

Standard 115.15 Limits to cross-gender viewing and searches

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

NJDOC policies CUS.003.001, Gender Restrictions of Custody Posts and CUS.001.011, Searches of Inmates and Facilities Policy, Interviews and NSP.CUS.0026, Gender Restrictions of Custody Posts address the requirements of the standard. Policies prohibit cross-gender strip searches and cross-gender visual body cavity searches of inmates. The facility tour of all housing units confirmed that shower and toilet facilities provide curtains or draping to enable inmates to shower, perform bodily functions and change clothes without cross-gender viewing by cameras or non-medical personnel. NJDOC CUS.001.SEA.01, Searches of Inmates and Facilities prohibit staff from searching or physically examining transgender inmates for the sole purpose of determining the inmates' genital status. The review of

training documents confirmed that custody staff receive training in performing professional and respectful cross gender pat down searches and searches of transgender and intersex inmates. Observations during the facility tour confirmed that staff practice “knock and announce” procedures when personnel of the opposite gender enter an area where inmates of an opposite sex are housed. Staff of the opposite gender are announced when they enter a housing unit and their entry into the units is noted in the housing unit log. Inmate interviews confirmed that cross-gender strip searches, cross-gender viewing and pat searches to determine genital status are not conducted.

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

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

Policies IMM.002.003, Reasonable Accommodations; PSC.001, Deaf-Hard of Hearing Inmates; NJDOC SUP.004.001 LEP Language Assistance: Bilingual Staff & Use of Language Line; NJDOC Level 1 IMP PCS.001.DFH.01, Deaf or Hard of Hearing Inmates 2013 Language Line Contract; NJDOC Policy IMM.002.003, ADA; and NJDOC Level 1+3 MED.AGP.002, Information on Health policy address the requirements of the standard. These policies ensure the facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies provide reasonable accommodations to any inmates with a defined disability to the extent that the accommodation does not jeopardize the security of the facility, staff or other inmates. Translation services are available through Language Line, a telephonic interpretation service. Deaf or hard of hearing inmates are offered assistance through a TDD (telephone device for the deaf) device. Deaf and hard of hearing inmates are also permitted to post a magnetic sign outside their housing unit to indicate that they may require hearing assistance. PREA handouts and inmate handbooks are in English and Spanish. Inmate interpreters are not used. Inmate and staff interviews confirmed compliance with the use of interpretive devices.

Standard 115.17 Hiring and promotion decisions

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

NJDOC policies PSM.001.001, Reporting of Arrests, Summons, Incarcerations; PSM.001.011, Staff Selections and Promotions; ADM.006.007, Pre-Employment Background Checks and NJDOC Level 1 IMP PSM.SSP.003, Panel Interviews, address the requirements of the standard. All employees, contractors and volunteers have criminal background checks completed by the State’s Special Investigations Division (SID) prior to having contact with inmates. Background checks are repeated at least every five years for permanent employees, every three years for contractors and every year for volunteers and temporary employees. Policy requires the NJDOC human resources office to inform the applicant/employee that the Department 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. New Jersey Executive Order 11 prohibits providing 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 except in a limited number of circumstances.

Standard 115.18 Upgrades to facilities and technologies

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

Northern State Prison has not planned any substantial expansion or modification of existing facilities or installed/updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. NJDOC policy SUP.001.000 requires consideration of the protection of inmates from sexual abuse in accordance with the standards of the Federal Prison Rape Elimination Act of 2003, when designing, acquiring, expanding, or modifying the facility or installing/upgrading video surveillance systems.

Standard 115.21 Evidence protocol and forensic medical examinations

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

NJDOC policies IMP ADM.006.SID.035, Investigation Procedures; Level 1+3 IMP MED.MLI.007, Sexual Assault; and Level 1 IMP MED.MHS.002.010 Counseling Services for Victims of Sexual Assault, address the requirements of the standard. Health care within the NJDOC is provided by employees or contractors of Rutgers University Correctional Health Care. Health care providers follow the institution's written plan for responding to allegations of sexual assault of inmates. The providers do not collect forensic evidence and do not provide treatment of sexual assault victims unless required to stabilize the inmate for transport to an appropriate emergency care facility in the community. The assaulted inmate is transported to Newark Beth Israel or University Hospital, both in Newark, New Jersey. SANE/SAFE/SART providers collect forensic evidence, evaluate, manage and provide required prophylaxis. The New Jersey Special Investigations Unit (SID) is also notified immediately and would be present at the hospital for the investigation. SID also notifies the county prosecutor. SID is responsible for both criminal and administrative investigations. The SID has been trained in sexual assault/abuse investigations and uses a uniform investigative protocol. Victim advocates are available at each hospital if requested by the assaulted inmate. All examinations and treatment is provided at no cost to the inmate. The review of policies and interviews with SID personnel and with medical and mental health staff confirmed compliance with the standard. There have been no allegations of sexual assault requiring transport to a community hospital for forensic evidence collection over this report period.

Standard 115.22 Policies to ensure referrals of allegations for 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NJDOC policies ADM.006.011, Investigations by the Special Investigations Division; IMM.001.004, Zero Tolerance Prison Sexual Assault; Level 1 IMP ADM.006.SID.014, Sexual Assault (Confidential); Level 1 IMP CUS.001.CSM.01, Crime Scene Management; Level 1 IMP IMM.001.PSA.001, Prison Sexual Assault; and NJDOC Level 1 IMP ADM.006.SID.035, address the requirements of the standard. NJDOC policies require all allegations of sexual abuse/assault/harassment to be referred to the New Jersey Special Investigations Division (SID) for review. Policy addresses SID's authority to conduct investigations. Investigators are trained in conducting sexual assault investigations in confined spaces/prisons. An administrative or criminal investigation is completed on all allegations. During this audit period there have been 13 investigations. All investigations conducted during the audit period were reviewed and were found to be very thorough and exceeded the requirements of the standard.

Standard 115.31 Employee training

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

NJDOC policies ADM.010.004, Standards of Professional Conduct: Staff/Inmate Over Familiarity and Level 1 IMP and IMM.001.PSA.001 Prison Sexual Assault, address the requirements of the standard. The review of the custody and non-custody PREA PowerPoint presentations confirmed that the provided training addressed all listed elements of the standard. The review sign-in sheets for custody and non-custody personnel confirmed attendance. All NJDOC personnel received a copy of the PREA Overview/Sexual Assault Victim Response booklet. All custody and non-custody staff interviewed confirmed that the training was provided.

Standard 115.32 Volunteer and contractor training

- ☐ 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the PREA PowerPoint presentation for contractors and volunteer confirmed that the training addresses their duties to prevent, detect, respond and report acts of sexual abuse/harassment. Signed receipts for the training were reviewed to confirm their attendance. Volunteers and contractors must also complete a background check form that asks the following: "Have you ever been civilly or administratively adjudicated 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? Interviews with contractors and volunteers confirmed their training on PREA policy.

Standard 115.33 Inmate education

- ☐ 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)

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Inmates receive PREA education during in processing procedures at the reception center. Education is provided in the inmate handbook, postings and a movie titled, "PREA – What You Need To Know". Training formats are available for non-English proficient inmates, disabled and inmates who are visually or hearing impaired. Inmates sign an acknowledgement for receiving the training. Inmates interviewed acknowledged that they received the training. Inmates are informed regarding a variety of methods of reporting sexual abuse/harassment. The methods include direct reporting to staff, telephone hotlines/tip lines, the grievance procedure and anonymous third party reporting.

Standard 115.34 Specialized training: 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)

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Investigators for the New Jersey Special Investigations Division (SID) received specialized training in conducting sexual abuse investigations in a confined setting. The review of PowerPoint presentations and sign in sheets confirmed the training and attendance. Training included "Reporting and Handling Sexual Assault Incidents", "PREA Crime Scene Management" and "Sexual Assault/Abuse Investigations in Custodial Settings". A review of the training curriculum and interviews with SID investigators confirmed training included all items listed in the standard.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ 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)

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NJDOC and Rutgers University Correctional Health Care provide specialized PREA training to all medical and mental health personnel. This training addresses victim identification and warning signs, interviewing techniques, interventions, reporting methods and their duty to report. Interviews with the medical and mental health staff confirmed the training was received. A review of sign-in sheets and interviews with the medical and mental health staff confirmed the training was received. Medical providers in the facility are not trained to collect forensic evidence. When required, inmates are transported to an emergency center in the local community for evaluation, treatment and forensic evidence gathering by a SANE/SAFE/SART provider.

Standard 115.41 Screening for risk of victimization and abusiveness

- ☐ 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)

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NJDOC Level 1+3 MED.MHS.001.002, Mental Health Services Reception & Evaluation; NJDOC Level 1+3 MED.MHS.001.001, Access to Mental Health Services; NJDOC Level 1+3 MED.IMA.001, Health Appraisals at Reception and Multidimensional Sexual Victimization & Abusiveness Risk Assessment Checklist address the requirements of the standard. Screening for any history of sexual abuse or history of sexual assaultive behavior is usually completed within four hours of an inmate's arrival to the Central Reception and Admission Facility (CRAF) but is always completed within 12 hours of their arrival into the CRAF. When an inmate is identified as at-risk of sexual victimization or sexual abuse of other inmates, they are evaluated by medical and mental health personnel to determine if monitoring or follow up services are required. Services are provided by individual therapy to both victims of sexual abuse and perpetrators. A review of the intake screening instrument confirmed that the required criteria for assessing inmates for risk of sexual victimization are evaluated. Some of the inmates began serving their sentences over 20 years ago. As a result, they began serving their time in prison prior to the implementation of PREA and they did not pass through CRAF. However, they have been subsequently screened for a history of sexual victimization and assaultive behavior and if indicated, appropriately counseled. Staff and inmate interviews verified that screening and follow up mental health screening is performed.

Standard 115.42 Use of screening information

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

New Jersey Administrative Code 10A and PREA Directive DC2014.001 address the requirements of the standard. While at the Central Reception and Admission Facility or any time during their incarceration, if an inmate is found to have a history of being sexually abused or has a history of sexual assaultive behavior, their name is added to the PREA alert list. The list is electronically distributed to personnel with a "need to know" where the inmate is housed. The facility uses the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized separated from inmates with a history of sexually abusive behavior. Housing and program assignments are done on a case by case basis. A PREA Movement notice is also distributed when sexually abused or assaultive inmates are moved within the NJDOC system. Placement and programming assignments for transgender and intersex inmates are reassessed at least twice a year. A transgender and intersex inmate's own view with respect to their safety is given consideration when determining assignments. Transgender and intersex inmates are permitted to shower separately from other inmates. There were no self-identified transgender or intersex inmates at Northern State Prison at the time of the audit. Numerous operating procedures address how the information from the risk screening is used to ensure the safety of each inmate.

Standard 115.43 Protective custody

- ☐ 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)

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New Jersey Administrative Code 10A addressing Close Custody Units and Temporary Close Custody Units address the requirements of the standard. When an inmate is at imminent risk of sexual victimization, they would be placed in temporary close custody housing or the least restrictive housing available until the investigation is concluded and alternative means of separation is found. Access to programs and privileges would be permitted to the extent possible considering the safety and security of the inmate. There were two inmates placed in this status during the reporting period.

Standard 115.51 Inmate reporting

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

NJDOC policies IMM.002.001, Inmate Remedy System; Level 1 IMP IMM.002.IRS.001, Inmate Remedy System; Level 1 IMM.001.PSA.01, Prison Sexual Assault; and Level 1 IMP PCS.001.PREA.OMB, Allegations of Sexual Abuse, Assault, Harassment and Retaliation Reported to the Ombudsman and NSP.CUS.1088, Zero Tolerance Policy: Prison Sexual Assault, address the requirements of the standard. The procedures for reporting are clearly stated in the inmate handbook. The tour of all housing units and common areas confirmed that posters describing various reporting procedures are located throughout the facility, including anonymous third party reporting. Staff must accept and document all methods of reporting. Staff and inmate interviews confirmed they were aware of reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

NJDOC has administrative procedures to address inmate grievances regarding sexual abuse. Internal Management Procedure IMM.002.IRS.00, Inmate Remedy System, addresses all listed items of the standard. There was one Inmate Remedy filed claiming sexual abuse during the previous 12 months. The review of the SID report confirmed that the allegation was investigated and found to be unsubstantiated.

Standard 115.53 Inmate access to outside confidential support services

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

The NJDOC Sexual Assault Free Environment (SAFE) brochure is distributed inmates and is posted in all housing units. The brochure lists ten State and local hotline telephone numbers for support/advocacy services. Half of the telephone numbers are toll-free. In addition to the support/advocacy services listed in the brochure, victim advocates are available at each hospital emergency department that employs SAFE/SANE/SART providers. The telephone number of the New Jersey Office of the Corrections Ombudsman is listed as confidential.

Standard 115.54 Third-party reporting

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

NJDOC Level 1 IMP PCS>001.PREA.OMB, Allegations of Sexual Abuse, Assault, Harassment and Retaliation address the requirements of the standard. The tour of all housing units and common areas confirmed that postings in each area describe third party reporting procedures. SID investigators receive all third party reports and investigate all allegations. There is a Website link to PREA Reporting Information for Family/Visitors: <http://www.state.nj.us/corrections/pdf//PREA/14> and PREA Information for Family/Visitors available in facility visiting centers and provides detailed information on how visitors/family/friends can report sexual abuse/misconduct on behalf of an inmate.

Standard 115.61 Staff and agency reporting 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Norther State Prison Internal Management Procedure NSP.CUS 1088, Zero Tolerance Policy: Prison Sexual Assault and NJDOC policy Level 1 IMP IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault address the requirements of the standard. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. Employees are instructed to only report the instances to other employees with a need to know. All reports are submitted to the SID for investigation. The PREA Overview/Sexual Assault Victim Response booklet provides guidance to employees regarding first response duties and reporting responsibilities. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties.

Standard 115.62 Agency protection 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NJDOC policy Level 1 IMP IMM.001.PSA.01 Zero Tolerance of Prison Sexual Assault and New Jersey Administrative Code 10A addressing Temporary Closed Custody and Closed Custody Units-Protective address the requirements of the standard. Upon learning that an inmate is in imminent risk of sexual abuse, the inmate would be placed in Temporary Closed Custody status. Interviews with mid and upper level correctional supervisors confirmed the procedure. There were two inmates placed in this status during this reporting period.

Standard 115.63 Reporting to other confinement facilities

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

NJDOC policies Level 1 IMP PCS.001.PREA.EMS, PREA E-Management System and Level I Internal Management Procedure PCS.001.PREA.ICM, Institutional Prison Rape Elimination Act (PREA) Compliance Manager address the requirements of the standard. Policy requires the institutional PREA Compliance Manager (IPCM) to accept reports that an inmate was sexually abused while incarcerated at another facility. The IPCM must advise their administrator and serve as 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 and maintain documentation of such notification. The NJDOC has implemented a PREA E-Management system that provides daily emails to authorized personnel and contains the following information: PREA Inmate Data Listing by Location, a PREA Movement Notice, a PREA Risk Assessment Report, the PREA Risk Assessment Integrity Monitoring Report, the PREA Quick Look Report and PREA New Incident Alerts/New Incident Alerts 45 Day and 90 Day Reminders. Weekly information includes the PREA Incident Alerts Weekly Summary.

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

Policies NJDOC Level 1 IMP CUS.001.CSM.01, Crime Scene Management; NJDOC level 1+3 IMP MED.MLI.007, Sexual Assault; NJDOC Level 1 IMP IMM.001.PSA.01, Prison Sexual Assault; and NJDOC Level 1 IMP SID 014, Procedures for Sexual Offenses include all the listed requirements the standard. All first responders are issued a pocket sized copy of the PREA Overview/Sexual Assault Victim Response booklet which outlines first responder duties. All staff interviewed confirmed they were aware of their first responder responsibilities.

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

Agency policies NJDOC Level 1 IMP CUS.001.CSM.01, Crime Scene Management; NJDOC Level 1 IMP IMM.004.PSA.01, Prison Sexual Assault; NJDOC Level 1 + 3 IMP MED.MLI.0007, Sexual Assault; and NJDOC Level 1 IMP.SID.014, Procedures for Sexual Offenses and local policies NSP.CUS.1084, Crime Scene Management and NSP.CUS.1088, Zero Tolerance Policy – Prison Sexual Assault address the requirements of the standard. Together, these policies describe the facility's and agency's coordinated response to sexual abuse. Interviews with first responders, health care providers, an investigator and facility administrators confirmed presence of a coordinated response.

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

The collective bargaining agreements were reviewed for kitchen, maintenance, information technology, clerical and education employees as well as the agreements for officers, lieutenants, majors, investigators and sergeants. None of the agreements limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or limits what extent discipline is warranted.

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

Policy NJDOC Level 1 IMP IMM.001.PSA.001, Zero Tolerance of Prison Sexual Assault; NJDOC Level 1 IMP PCS.001.PREA.ICM and Form PREA AC-Retaliation address the requirements of this standard. The Institution PREA Compliance Manager (IPCM) is designated to monitor retaliation. The computerized New Incident Alert system provides a 45 day reminder and 90 day reminder alert which are the established retaliation monitoring periods. The IPCM monitors inmate disciplinary reports, performance reviews and reassignments for staff to determine if there is any suggestion of possible retaliation. If there is a 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 must

continue retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need. Housing changes, transfers and emotional support services are available as protection measures for victims of sexual abuse. There were no incidents of retaliation identified in the reporting period. The IPCM confirmed this information.

Standard 115.68 Post-allegation protective custody

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

New Jersey Administrative Code 10A:5-7, Close Custody Units-Temporary Close Custody meets the requirements of the standard. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in a temporary close custody cell until the investigation and alternative means of separation found.

Standard 115.71 Criminal and administrative agency 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NJDOC Policy ADM.006.011, Investigations by the Special Investigations Division; NJDOC Level 1 IMP ADM.006.SID.014, Procedures for Sexual Assault and NJDOC Level 1 IMP ADM.006.SID.035, Investigative Procedures, address the requirements of the standard. Investigators of the New Jersey Special Investigations Division (SID) are assigned to Northern State Prison. Outside agencies do not routinely perform investigations of sexual abuse. All SID Investigators have received special training in conducting sexual abuse/assault investigations in confined settings. Training was confirmed by the review of the curriculum and sign-in documents. The SID investigators have direct contact with prosecutors who move forward with prosecutions based on the findings of the SID. The SID investigators have authority throughout New Jersey. The departure of an alleged abuser or victim does not provide a basis for terminating an investigation. All written reports of the investigations into sexual abuse/harassment allegations were reviewed. None of the allegations were substantiated.

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

The review of training documents confirmed that SID investigators are trained to investigate all allegations of sexual abuse promptly and thoroughly, and deem all allegations substantiated if supported by a preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

Policy NJDOC Level 1 IMP PCS.001.PREA.AC, PREA Agency Coordinator indicates that the Institutional PREA Compliance Manager (IPCM) notifies the inmate of the findings of investigations. The Institutional PREA Compliance Manager delivers a copy of the Sexual Assault Investigation Disposition form to the inmate for review and signature. The form contains all of the elements required by the standard, to include the disposition of the inmate or staff abuser. The review of disposition forms confirmed that all inmates who had SID investigations and had substantiated, unsubstantiated or unfounded allegations of sexual abuse were provided written notification of the investigation's disposition.

Standard 115.76 Disciplinary sanctions for staff

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

Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Human Resources Bulletin 84-17 outlines sanctions staff who violate agency sexual abuse or harassment policies. Sanctions include termination.

Standard 115.77 Corrective action for contractors and volunteers

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

Policies NJDOC PCS.001.003, Volunteer Service Program and NJDOC Level 1 IMP PCS.001.VOL.00,1 Volunteer Services-Operating Procedures address the requirements of the standard. Contractors sign for the receipt of an information memo titled Prison Rape Elimination Act of 2003 (PREA)-Information for NJDOC Contractors Procedures. The memo states that a contractor working an NJDOC facility is subject to the PREA and must refrain from sexual abuse and sexual harassment of any offender at an NJDOC facility. The memo further states that if they are found to have engaged in sexual abuse of an inmate, they shall be prohibited from contact with inmates and subject to any remedial measures the Department deems appropriate and that incidents of sexual misconduct will be referred to law enforcement if criminal or to any relevant licensing bodies. Policy states that the NJDOC shall take appropriate remedial measures and consider whether to prohibit further contact with inmates in the case of a violation of agency zero tolerance sexual abuse/sexual harassment policies.

Standard 115.78 Disciplinary sanctions for inmates

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

New Jersey Administrative Code 10A:4-1.3, Inmate Discipline and the NJDOC Handbook on Discipline for Inmates address the requirements of this standard. The inmate handbook addresses all disciplinary sanctions for inmates. The disciplinary process considers whether an inmates' mental disabilities or mental illness contributed to their behavior when determining sanctions. Disciplinary sanctions are not imposed on inmates who make sexual abuse allegations in good faith but are not substantiated. There were no substantiated inmate-on-inmate or staff-on-inmate sexual abuse allegations during the reporting period.

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

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

Policy MED.MHS.001.002, MHS Reception Evaluation and the Multidimensional Risk Assessment Checklist address the requirements of the standard. All inmates are initially processed through a reception center. Initial medical and mental health screenings are performed by health care personnel within 24 hours of their arrival. If the screening indicates that the inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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 but routinely within 96 hours. Follow up evaluation is also performed for inmates who have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. Information related to abusiveness and victimization is limited to those personnel with a need to know in order to facilitate informed treatment plans and security and management decisions.

Standard 115.82 Access to emergency medical and mental health services

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

Policies MED.EME.005 Level 1 + 3, Emergency Response; MED.MHS.002.001, Emergency Mental Health; MED.MHS.001.010, Counseling Services-Sexual Assault; MED.MLI.007, Sexual Assault and the SAFE brochure address the requirements of the standard. Northern State Prison has health care personnel on site at all times. Inmate victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate. Inmates are transported to providers in the community if the required services are not available within the facility.

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

Policies MED.MHS.001.010, Counseling Services-Sexual Assault and MED.MLI.007, Sexual Assault address the requirements of the standard. Ongoing medical and mental health services are provided to victims of sexual abuse. All services are provided at no cost to the inmate. The SAFE brochure informs inmates regarding available advocacy and support services. The review of inmate medical records confirmed that inmates who reported sexual victimization prior to arrival to the facility were offered ongoing mental health counseling.

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

Policy NJDOC PCS.001.005, PREA: Sexual Assault Advisory Council meets the requirements of this standard. Committee members consist of the NJDOC PREA Coordinator (executive staff member appointed by Commissioner); representatives from the Division of Operations, Special Investigations Division, Office of Community Programs and Outreach Services, Office of Victim Services, Office of Policy and Planning, Office of Transitional Services, Mental Health Services, Medical Services and the Corrections Ombudsman. The review of eight incident review forms confirmed that the committee addresses all listed requirements of the standard. Reviews are conducted for all substantiated and unsubstantiated allegations of sexual abuse. Reviews are conducted within 30 days of a completed investigation. These procedures and staff involved exceed compliance to this standard.

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

NJDOC policy PCS.001.005 PREA and Sexual Assault Advisory Council addresses the requirements of the standard. The NJDOC publishes an annual report regarding PREA-related incidents and publishes the complete PREA audit report for each facility on its website. The NJDOC conducts sexual abuse/assault incident reviews every 30 days to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required. The last two Surveys of Sexual Violence for State Prison System reports were reviewed and contain required information.

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

collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The review of the NJDOC PREA website confirmed that the annual report on sexual abuse is published and compared with the previous two years.

Standard 115.89 Data storage, publication, and destruction

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

The Records Retention Disposition Schedule requires the agency to maintain sexual abuse data for 10 years. PREA audit reports and the annual report with corrective actions are published, and posted on the NJDOC website at <http://www.state.nj.us/corrections/pages/PREA/PREA.html>. Personal identifying information is redacted.

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.

Howard Sweeney
Auditor Signature

October 22, 2015
Date