

PREA AUDIT REPORT ☐Interim ☒Final
ADULT PRISONS & JAILS

Date of report: Click here to enter text.

Auditor Information			
Auditor name: Howard Sweeney - The Nakamoto Group			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: walt.sweeney@nakamotogroup.com			
Telephone number: 301-468-6535			
Date of facility visit: September 29 th 30 th and October 1, 2015			
Facility Information			
Facility name: Bayside State Prison			
Facility physical address: 4293 Route 47, Leesburg, NJ 08327			
Facility mailing address: P.O. Box F-1, Leesburg, NJ 08327			
Facility telephone number: 856-785-0040			
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: John Powell			
Number of staff assigned to the facility in the last 12 months: 674			
Designed facility capacity: 2245			
Current population of facility: 2199			
Facility security levels/inmate custody levels: Medium, Gang, Minimum, Full Minimum			
Age range of the population: 21-68			
Name of PREA Compliance Manager: Erin Nardelli		Title: Assistant Superintendent	
Email address: erin.nardelli@doc.nj.gov		Telephone number: 856-785-0040, Ext 5314	
Agency Information			
Name of agency: New Jersey Department of Corrections			
Governing authority or parent agency: (if applicable) State of New Jersey			
Physical address: Whittlessey Road Trenton, NJ 08625			
Mailing address: (if different from above) 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 (Prison Rape Elimination Act) audit of Bayside State Prison was conducted from September 29 through October 1, 2015. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and 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: Jennifer Malinowski, Director, Office of Policy and Planning and the New Jersey Department of Corrections (NJDOC) PREA Coordinator; John Powell, Prison Complex Administrator; Erin Nardelli, Assistant Superintendent and current/departing Institutional PREA Compliance Manager (IPCM); Al Solanik, Assistant Superintendent – Corrections and IPCM designee. A comprehensive tour of the facility was conducted of all three operational units which included the facility's intake area, all housing units, segregated housing units, health care areas, recreation areas, food service areas, education and programming areas. During the tour, female employees were always announced when entering an area where male inmates were present. Inmate interviews confirmed that this practice is routine and has been in place for at least two years. The review of housing unit logs confirmed that officers document when female employees are present in the unit. Informal conversations with employees 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 all housing units, common areas and throughout the facility. Audit notice postings were also identified in the same areas.

A total of 22 correctional officers were interviewed which included line officers, sergeants, 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 current IPCM, the Chief Special Investigations Division Investigator, volunteers, contractors, health care providers and mental health providers. Staff interviews were conducted at the main facility, the farm/dairy and the Ancora satellite unit. All staff, contractors and volunteers demonstrated a good understanding and knowledge of the PREA mission and standards and their responsibilities under the program.

Twenty-three randomly selected inmates were interviewed and were from all housing units. No inmates self-identified as being gay, bisexual, transgender or intersex. Three limited English proficient inmates were included in the group of 23 inmates. Of that group, there were no inmates in the facility at the time of the audit that had alleged sexual abuse or harassment. No letters were received as a result of the audit notice posted in the facility prior to the on-site visit. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention and reporting mechanisms.

The facility has a well-established and coordinated PREA program that include prevention, response planning, education, screening, reporting, responsiveness, protection, investigation, discipline, health care and data collection and review.

DESCRIPTION OF FACILITY CHARACTERISTICS

Bayside State Prison consists of three operational units which consist of a medium security main facility and farm/dairy located in Leesburg, New Jersey and a satellite facility. The satellite facility is located in Ancora, New Jersey, forty miles from the main prison. The main facility is located in the rural, southern part of the State and occupys 1148 acres of woods and farmland. The Ancora satellite facility is located on the grounds of the Ancora State Hospital in Hammonton, New Jersey. The gender of the population is 100 percent male. The facility houses a wide range of security designations that include full minimum, medium and gang minimum. Most of the inmates have served part of their sentences in other facilities prior to arrival at Bayside State Prison. In addition to medical, dental mental health and social services, the facility offers education and vocational opportunities. The facility does not house youthful offenders. The current design of the prison permits inmates to shower, change clothes and use toilet facilities with a fair amount of privacy and avoid cross-gender viewing. The main facility has a medical housing unit and has medical personnel on site at all times. The Ancora satellite unit does not have medical housing and does not have medical staffing at all times. Inmates housed at the Ancora unit have been pre-screened and do not have health care concerns requiring close or frequent monitoring. Inmates at both facilities that require 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 re-entry 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 BSP.IMM.001.PSA.001, Zero Tolerance of Prison Sexual Assault 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 to the 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. The facility exceeds compliance to this standard.

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 were signed before August 20, 2012, and 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 policies 3301 Post Trick Analysis/Baseline Staffing, CUS.001.011 Searches of Inmates and Facilities; Level 1 IMP CUS.001.SEA.01, Searches; Bayside State Prison (BSP) CUS.001.000.480, Searches of Inmates and Correctional Facilities; BSP.CUS.001.000.622, Housing Sergeant; BSP.CUS.001.000.642, Housing Sergeant – Farm, address the requirements of the standard. The BSP Administrator 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 listed in the standard. Deviations from the staffing plan are documented and include unscheduled medical trips, emergency maintenance, states of emergency, constant watch/suicide, officer released early (sick) and an influx of incoming and outgoing inmates. During the tour of the facilities, 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. During the course of the audit, the facility received written notification for funding of their lighting and video camera request for the purpose of enhancing the overall security 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)

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.

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.

Policies NJDOC CUS.003.001, Gender Restrictions of Custody Posts; NJDOC CUS.001.011, Searches of Inmates and Facilities; NJDOC CUS.001.SEA.001, Searches, and BSP.CUS.001.000.488, 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. 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, and 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.

Bayside State Prison has not planned any substantial expansion or modification of existing facilities 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. The annual video camera installation request was reviewed and documentation and deterrence of prohibited acts was listed as justifications for additional video cameras.

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 to 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 the Inspira Medical Center, located in Vineland, 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 Cumberland County prosecutor of the assault occurring at the main facility and Camden County if the assault occurred at the Ancora satellite facility. 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 the 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; NJDOC Level 1 IMP ADM.006.SID.035 and BSP.IMM.001.PSA.001, Zero Tolerance of Prison Sexual Assault, 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 six 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)

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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 of BSP spreadsheets documented custody and non-custody attendance at the training. All NJDOC personnel received a copy of the PREA Overview/Sexual Assault Victim Response booklet. All custody and non-custody personnel 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.

Policies NJDOC PCS.001.003, Volunteer Service Program and BSP.PCS.001.VOL.001, Volunteer Services, address the requirements of the standard. The review of the PowerPoint presentation for training contractors and volunteers 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. There are 54 volunteers and 59 contractors currently authorized to enter the facility.

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 Central Reception and Admission Facility. 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, the 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 and are prohibited from doing so. 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, and 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. Staff and inmate interviews verified that screening and follow up mental health screening is performed. Many of the inmates housed in this facility have been incarcerated for over 25 years. As a result, their intake screening procedures pre-dates PREA and they did not pass through the CRAF. However, they have been subsequently screened for a history of sexual victimization and assaultive behavior and if indicated, appropriately counseled.

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 DC2014.00, 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 sexual abuse 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. 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 an 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. The facility reported that no inmates were 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, BSP.IMM.001.PSA.001, Zero Tolerance of Prison Sexual Assault and BSP.IMM.002.IRS.IGF, Inmate Remedy System, 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, to include anonymous third

party reporting are located throughout the facility. Staff are required to 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 were no Inmate Remedies filed claiming sexual abuse during the previous 12 months.

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 to 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 is available in the 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.

BSP.IMM.001.PSA.001, Zero Tolerance of 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 no 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 and PCS.001.PREA.ICM, Institutional Prison Rape Elimination Act (PREA) Compliance Manage, 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; BSP.CUS.001.00.523, Crime Scene Management; and BSP.IMM.001.PSA.001, I Zero Tolerance of 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, investigators and facility administrators described and confirmed the facility's coordinated response procedures.

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 limit 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 substantiated incidents of retaliation identified in the reporting period. The IPCM and SID investigator 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 is 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 Bayside 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 and not just within the correctional setting. 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. There were no substantiated allegations of sexual abuse/harassment during the reporting period. 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 for 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. The memo states that a contractor working at a NJDOC facility is subject to the

PREA and must refrain from sexual abuse and sexual harassment of any offender at any 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 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 screening is 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. BSP 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 at 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 five incident review forms completed by the BSP's Institutional Sexual Assault Advisory Committee 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.

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, 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 Survey 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.

NJDOC policy PCS.001.005 PREA, Sexual Assault Advisory Council addresses the requirements of the standard. The NJDOC reviews data 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 is 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

October 27, 2015

Auditor Signature

Date