

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



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

<b>South Woods State Prison</b>			
<b>Physical address: 215 Burlington Rd. South, Bridgeton, New Jersey 08302</b>			
<b>Date report submitted: October 13, 2014</b>			
<b>Address: P. O. Box 16054 Lansing, Michigan 48901</b>			
<b>Email: fairbaa@comcast.net</b>			
<b>Telephone number: (517) 303-4081</b>			
<b>Date of facility visit: September 22-24, 2014</b>			
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number: (856) 459-7000</b>			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	<b>Michael Angelo</b>	<b>Title:</b>	<b>Assistant Superintendent</b>
		<b>Telephone number:</b>	<b>(856) 459-7000 ext 8210</b>
<b>Agency Information</b>			
<b>Name of agency:</b>	<b>Department of Corrections New Jersey</b>		
<b>Governing authority or parent agency: (if applicable)</b>	<b>State of New Jersey</b>		
<b>Physical address:</b>	<b>Whittlesey Rd. Trenton, NJ 08625</b>		
<b>Mailing address: (if different from above)</b>	<b>P. O. Box 863 Trenton, New Jersey 08625</b>		
<b>Telephone number: (609) 292-4036</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name: Gary M. Lanigan</b>	<b>Title:</b>	<b>Commissioner</b>	
<b>Email address: Gary.Lanigan@doc.state.nj.us</b>	<b>Telephone number:</b>	<b>(609) 292-4036</b>	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name: Douglas Gerardi</b>	<b>Title:</b>	<b>Director, Policy and Planning</b>	
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# AUDIT FINDINGS

## NARRATIVE:

On September 22-24, 2014, an audit was conducted at the South Woods State Prison to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on September 22 & 23, 2014. The following areas and operations were visited and observed: all inmate living areas (including restrictive housing and extended care unit), medical operations, education areas, food service, facility operations - I building (commissary, warehouse, sign shop, food preparation, shoe shop, and meat processing) and outside operations (power plant, greenhouse, and recycling operations).

Documents reviewed for this audit included policy, institutional supplement, contracts, staff training records, personnel files, housing log books, volunteer training records, sexual abuse & harassment complaints, and training curriculums.

Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff prior to the audit. Interviews were conducted with the following: Administrator (warden), PREA compliance manager, five medical staff (contract staff, one on the night shift) the health services manager, the mental health chief, one contract staff (Gateway), human resource manager, corrections officers from all areas of the complex (five on the morning watch, five on afternoon shift and five on the evening watch) in addition to informal interviews conducted during the tour, supervisors from each shift, the facility investigators (SID), seventy random inmates which including two who filed a complaint, two deemed vulnerable, two with limited English, one in segregation, one transgender and one homosexual, and two with physical challenges. In addition, the auditor toured the minimum custody unit, and visited every wing while inmates present for count.

The agency commissioner was not interviewed as he participated in an interview at a previous PREA audit. It is very evident, however, that he clearly supports compliance with PREA and the requirements of the standard based on interviews with staff and processes implemented.

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

Four letters were received from inmates. All were interviewed. Two had concerns that related to other institutions. Follow up was provided to the auditor. One determined he did not wish to discuss details with the auditor, expressing that he had a different perception of the process. One discussed concerns with who his resources were in that he was homosexual, having no problems at the moment but not sure who to contact in the event he did. He was referred to the facility who addressed his concerns with a referral to appropriate staff.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

South Woods State Prison, located on 85 acres in Bridgeton, is the state's newest prison and the facility with the largest inmate population. The prison complex consists of three medium custody housing facilities and a minimum custody housing unit. There is a medical facility called the Extended Care Unit that houses infirmity cases, a Palliative Care Unit, inmates on specific types of watches for mental health concerns and inmates with chronic diseases or handicaps that preclude housing in general population. An additional unit contains restrictive housing beds. Each housing facility has its own administrative and support services that include medical and mental health staffing, academic and vocational education, social services and religious resources. The current institutional census count is 3,391. Inmates are housed in double occupancy rooms, in mediums custody. In minimum custody, inmates are housed in dorms with twelve beds, each has its own urinal, toilet and shower which had curtains for privacy.

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

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

**Standard  
number here**

**§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 comments, including corrective actions needed if does not meet standard**

(a) Written policy **This is addressed in IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, and Level I Internal Management Procedure IMM.001.PSA.001, Level 3 IMP SWSP.CUS#511 Zero Tolerance Sexual Assaults, and PCS.001.PREA.ICM Institutional Prison Rape Elimination Act (PREA) Compliance Manager**

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

(c) PREA compliance manager at the facility **Michael Angelo, Asst. Superintendent, fulfills these duties.**

**Standard  
number here**

**§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)

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

(a) new contracts PREA requirements with private agency

(b) new contract, contract monitoring included

**The agency maintains contracts for residential community release. PREA requirements and contract monitoring are included. Documentation was provided to show that monitoring is occurring.**

<b>Standard number here</b>	<b>§115.13 – Supervision and Monitoring</b>
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☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

(a) staffing plan considerations, (b) document deviations

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

(b) PREA coordinator and agency determine adjustments

**Annual staffing plan report is submitted to Agency PREA Coordinator**

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

**Policy CUS.001.011 and CUS.001.SEA.001 require unannounced rounds and prohibit staff from alerting others. Random review of logbooks and staff and inmate interviews confirm that this is occurring.**

<b>Standard number here</b>	<b>§115.14 – Youthful Inmates</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**N/A no youthful offenders**

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

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

☐ Does Not Meet Standard (requires corrective action)

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

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

**Policy prohibits cross gender strip, cavity and pat down searches. There are gender restrictions for custody posts. Level 3 IMP SWSP.CUS 403 Gender Restricted Posts, Level 3 IMP SWSP.CUS#410 Institutional Search Policy address this standard.**

(b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017)

**Not applicable**

(c) Document cross gender strip searches, cavity searches and pat down searches of females

**Policy prohibits cross gender strip, cavity and pat down searches.**

(d) Inmates can shower, perform bodily functions, change clothes... opposite gender announce their presence when entering the housing unit

**This is addressed in CUS.003.001. Staff and inmate interviews confirm that this is occurring. The auditor was announced in every unit entered. Individual shower stalls with curtains are provided in each housing unit.**

(e) Transgender not searched for sole purpose of determining genital status.

**This is addressed in CUS.003.011**

(f) Train security staff in cross gender pat down and transgender/intersex inmates.

**This is addressed in the training module on searches of inmates.**

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

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

☐ Does Not Meet Standard (requires corrective action)

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

(a) Disabilities, intellectual, psychiatric or speech have equal opportunity, including written materials

**These needs are addressed at intake by health care staff. Several policies ensure their individual needs are addressed, including SWSP SUP.004.001 Level 3 Limited English Proficient (LEP) Language Assistance: Bilingual Staff and Use of the Language Line and SWSP PCS.001.DFH.01 Level 3 Deaf/Hard of Hearing Inmates**

(b) Agency takes reasonable steps, including interpreters

**Language line approval forms were reviewed. Staff was available to assist with two inmate interviews who could not speak English.**

(c) Not rely on inmate interpreters (unless limited circumstances)

**This is addressed in SUP.004.001**

<b>Standard number here</b>	<b>§115.17 – Hiring and Promotion Decisions</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)



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

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

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

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

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

<b>Standard number here</b>	<b>§115.18 – Upgrades to Facilities and Technology</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

**This is addressed in SUP.001.000 Capital Planning and Construction MGO, Information regarding the camera system was reviewed. The facility uses current technology to support safety in this facility. Numerous cameras were strategically placed and monitored to enhance inmate safety.**

<b>Standard</b>	<b>§115.21 – Evidence Protocol and Forensic Medical Examinations</b>
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number here

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

**(b) Protocols appropriate for youths - Not applicable**

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

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

(e) Accompany the victim if requested

(f) Request investigating agency follow the requirements

(g) Includes State entity or DOJ

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

**Policies that address this standard are MED.MHS.002.010 - Counseling Services for Victims of Sexual Assault, MED.MLI.007 Sexual Assault, and Internal Management Policy Special Investigation Division. Information regarding location of SANE/SAFE medical staff is maintained.**

**Advocates and SANE/SAFE exams are conducted at the hospital; advocates are automatically contacted by the hospital.**

**Standard number here      §115.22 – Policies to Ensure Referrals of Allegations for Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

(b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented

(c) Publication describing responsibilities of separate entity and agency

(d) State entity shall have a policy governing conduct of these investigations

(e) DOJ

**ADM.006.011 Investigations by the Special Investigations Division,  
CUS.SEA.01 Searches, CUS.001.CSM.01 Crime Scene Management, NJDOC  
Level 1 IMP IMM.001.PSA.001, NJDOC Level 1 IMP CUS.SEA.01 Searches, IMP**



**ADM.006.SID.014 Sexual Assault (Confidential), ADM.006.SID.035 Investigation Procedures (Confidential), SWSP.CUS #511 Zero Tolerance Sexual Assaults and SWSP IMP Crime Scene Management address this standard.**

**Interviews confirmed that all referrals of sexual harassment or abuse are referred immediately and investigated.**

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

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

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

**ADM.010.004 - Staff-Inmate Over Familiarity, PREA Training non-custody PREA training and PREA Refresher 2014, ensure that all staff with contact is properly trained in addition to providing a quick book series for staff to keep in their possession. The training signature form indicates that by signature staff understand the training they received. Staffs who were questioned acknowledged possession of their quick book.**

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

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

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

**PCS.001.003 Volunteer Service Program, SOCIAL SERVICES Volunteer Program, OFFICE OF VOLUNTEER SERVICES, HANDBOOK FOR VOLUNTEERS, PREA Info for NJDOC Contractors address this standard and require that volunteers and staff acknowledge through signature that they understand the training they received.**

**Volunteer records were reviewed and demonstrated compliance with the policy and procedure.**

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

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

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

**Posters provide information and include the information on the following avenues for reporting: Inmate Remedy System Form, NJ Office of the Corrections Ombudsman Free Confidential Hotline, Special Investigations Division Locked Confidential Mailbox, and NJ DOC SID Confidential Tip Line. This is also available in Spanish. Inmates are oriented regarding PREA upon arrival to the facility. Orientation also provided information and this is conducted weekly. Inmate interviews confirmed that they are knowledgeable regarding their rights and how to proceed if they wish to report problems, noting they have many avenues.**

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

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

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

**Review of training materials, and documentation of staff training support compliance with this standard. The training module is informative and meaningful.**

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

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

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

**A review of the training module and training documents supports compliance with the standard. Interviews with five medical staffs support compliance with this standard.**

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

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

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

**MED.IMA.001 Health Appraisals at Reception, MED.MHS.001.001 Access to MH Services and MED.MHS.001.002 MHS Reception Evaluation address this standard. Screening is conducted by mental health staff and then summarized and provided to classification staffs who then meet with the inmate to determine how to meet his housing, programming and other needs.**

<b>Standard number here</b>	<b>§115.42 – Use of Screening Information</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

**The institutional classification committee along with a computerized tracking system ensures that unique needs revealed by the PREA screen are met in the area of housing, work, education and programming. Transgender inmates are specifically monitored twice a year. They are not housed in a dedicated facility. There is written authority allowing them to shower separately, however as noted, they have individual showers. One transgender inmate was interviewed and confirmed his own views were given serious consideration.**

<b>Standard number here</b>	<b>§115.43 – Protective Custody</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

- (a) High risk victimization not placed in involuntary segregation unless no other alternative, less than 24 hours to complete the assessment.
- (b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations

- (c) Assigned to involuntary until alternative means not to exceed 30 days
- (d) Document
- (e) Review every 30 days

**Title 10A Chapter 5 Close Custody Units addresses protective custody. Administrative transfers are also an alternative. However, in this prison, each facility is designed with three holding cells that provide an area to place inmates until they can determine how to proceed and therefore do not need to utilize restrictive housing unless there are extreme circumstances.**

<b>Standard number here</b>	<b>§115.51 – Inmate Reporting</b>
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☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

**IMM.002.001 Inmate Remedy System, SWSP IMM.002.IRS.001 Inmate Remedy System and IMM.002.IRS.001 Inmate Remedy System address this standard.**

**Multiple reporting methods include:**

**NJ DOC Inmate Remedy System**

**NJ Office of the Corrections Ombudsman – inmates may use the free confidential telephone hotline, complete the “Office of the Corrections Ombudsman Request for Assistance form” or send written correspondence to the NJ Office of the Corrections Ombudsman. Correspondence may be sent interoffice mail with no postage required.**

**Special Investigations Division at each facility**

**Institutional PREA Compliance Manager at each facility**

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

**Hot line**

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

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

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

**IMM.002.IRS.001 Inmate Remedy System and SWSP IMM.002.IRS.001 Inmate Remedy System address this standard. Inmate interviews supported access to and response to remedy forms.**

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

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

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

**Inmates are provided with a brochure with the following information:**

**NJ Sexual Assault Hotline**

**1-800-601-7200**

**NJ Coalition Against Sexual Assault**

**609-631-4450**

**New Jersey's Crime Victim's Law Center**

**973-729-7337**

**New Jersey State Parole Board**

**Victim Services**

**609-292-4582**

**NJDOC Office of Victim Services**

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

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

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

Method to receive and distribute publicly information on how to report.

**Posters are visible with the following information:**

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

**NJ Office of the Corrections Ombudsman**

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

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

<b>Standard number here</b>	<b>§115.61 – Staff and Agency Reporting Duties</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



☐ Does Not Meet Standard (requires corrective action)

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

- (a) Staff required to report immediately
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) Practitioners required to report abuse, limits on confidentiality
- (d) If victim is under 18
- (e) All reports to facility's designated investigator

**IMM.001.PSA.001 Zero Tolerance of Sexual Assault and Level 3 IMP  
SWSP.CUS#511 Zero Tolerance Sexual Assaults address this standard. All  
staff interviews, including medical and mental health providers, indicated  
they are aware of the need to report immediately and to not reveal  
information to staff that do not need to know. All reports are forwarded to  
SID immediately.**

<b>Standard number here</b>	<b>§115.62 – Agency Protection Duties</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Inmate subjected to imminent abuse – immediate action

**This is addressed in IMM.001.PSA.001 Zero Tolerance of Sexual Assault, Protective custody is available. As noted, an alternative placement is the holding cell located in each of the three facilities. No instances of imminent abuse have occurred since implementation of PREA.**

<b>No Standard number here</b>	<b>§115.63 – Reporting to Other Confinement Facilities</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

**PCS.001.PREA.ICM Institutional Prison Rape Elimination Act Compliance**  
**Manager addresses this standard. Interviews confirmed that they would be**  
**immediately reported, especially since the SID unit is centralized.**

<b>Standard number here</b>	<b>§115.64 – Staff First Responder Duties</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

**IMM.001.PSA.001 Zero Tolerance of Sexual Assault, CUS.001.CSM.01 Crime Scene Management, MED.MLI.007 Sexual Assault, Level 3 IMP SWSP.CUS#487 Crime Scene Management and the procedure for Special Investigation Division, sexual offenses address this standard. All staff interviews confirmed knowledge of this requirement.**

<b>Standard number here</b>	<b>§115.65 – Coordinated Response</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

**IMM.001.PSA.001 Zero Tolerance of Sexual Assault, CUS.001.CSM.01 Crime Scene Management, MED.MLI.007 Sexual Assault, and the procedure for Special Investigation Division, sexual offenses address this standard. The institutional plan is addressed in Level 3 IMP SWSP.CUS#487 Crime Scene Management.**

<b>Standard number here</b>	<b>§115.66 – Preservation of ability to protect inmates from contact with abusers</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

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

<b>Standard number here</b>	<b>§115.67 – Agency protection against retaliation</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

**IMM.001.PSA.001 Zero Tolerance of Sexual Assault and PCS.001.PREA.ICM Institutional Prison Rape Elimination Act Compliance Manager address this standard. The facility PREA manager monitors for retaliation. No examples were available at this facility but it was reported that follow up has occurred with the facility where the inmate currently resides.**

**Standard  
number here**

**§115.68 – Post-Allegation Protective Custody**

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

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

**See §115.43**

**Standard  
number here**

**§115.71 – Criminal and Administrative Agency Investigations**

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

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

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

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

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

<b>Standard number here</b>	<b>§115.72 – Evidentiary Standard for Administrative Investigations</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

No standard higher than preponderance of evidence

**This is addressed in investigator training.**

<b>Standard number here</b>	<b>§115.73 – Reporting to Inmate</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

**PCS.001.PREA.AC addresses this standard. The notification form incorporates all aspects of this standard.**

<b>Standard number here</b>	<b>§115.76 – Disciplinary sanctions for staff</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

(a) Staff disciplinary sanctions up to termination

(b) Termination presumptive when sexual abuse

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

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

**E3 - HRB 84-17 - DOC Disciplinary Action Policy addresses this standard.**

<b>Standard number here</b>	<b>§115.77 – Corrective action for contractors and volunteers</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

(a) Contractor, volunteer reported unless not criminal

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

**PCS.001.003 Volunteer Service Program, PCS.001.VOL.001 Volunteer Services, and PREA Info for NJDOC Contractors address this standard.**

<b>Standard number here</b>	<b>§115.78 – Disciplinary sanctions for inmates</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

(a) Inmates subject to sanctions

(b) Sanctions commensurate

(c) consider mental disabilities

- (d) consider whether to require offender to participate in therapy
- (e) against staff if no staff consent
- (f) not falsifying if made in good faith
- (g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

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

<b>Standard number here</b>	<b>§115.81 – Medical and mental health screenings; history of sexual abuse</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

<b>Standard number here</b>	<b>§115.82 – Access to emergency medical and mental health services</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

- (a) Victims unimpeded access to emergency services
  - (b) If no medical or mental health on duty, first responders protect and immediately notify
  - (c) Timely information and timely access to prophylactic treatment
  - (d) Treatment provided to victims without financial cost
- Counseling Services-Sexual Assault and MED.EME.005 Emergency Response, and MED.MLI.007 Sexual Assault address this standard.**



<b>Standard number here</b>	<b>§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

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

<b>Standard number here</b>	<b>§115.86 – Sexual abuse incident reviews</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

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

**PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee PCS.001.005 PREA - Sexual Assault Advisory Committee and SWSP PCS.001.PREA.001 Sexual Assault-PREA Advisory Committee address this standard. Meetings are conducted state wide monthly and at the facility semiannually.**

**Standard number here      §115.87 – Data Collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

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

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

**AUDITOR CERTIFICATION:**

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

Amy Fairbanks :

  
Auditor Signature

Date 10/13/2014