

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 07/18/2019

Auditor Information

Name: Donald Chadwick	Email: donald.chadwick@nakamotogroup.com
Company Name: The Nakamoto Group, Inc.	
Mailing Address: 11820 Parklawn Dr., Suite 240	City, State, Zip: Rockville, MD 20852.
Telephone: 301-468-6535	Date of Facility Visit: June 4-6, 2019

Agency Information

Name of Agency: New Jersey Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of New Jersey		
Physical Address: Whittlesey Road	City, State, Zip: Trenton, NJ 08625 - 0863		
Mailing Address: P.O. Box 863	City, State, Zip: Trenton, NJ 08625 - 0863		
Telephone: 609-292-4036	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Mission: 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.

Agency Website with PREA Information: www.state.nj.us/corrections/pages/prea

Agency Chief Executive Officer

Name: Marcus O. Hicks Esq.	Title: Acting Commissioner
Email: Marcus.Hicks@doc.nj.gov	Telephone: 609-826-5660

Agency-Wide PREA Coordinator

Name: Jennifer Malinowski	Title: Director, Policy & Planning
Email: Jennifer.Malinowski@doc.nj.gov	Telephone: 609-292-4036

PREA Coordinator Reports to Sue Lawrence/ Chief of Staff	Number of Compliance Managers who report to the PREA Coordinator 13
-------------------------------------------------------------	------------------------------------------------------------------------

Facility Information

Name of Facility: Bayside State Prison (BSP)
Physical Address: 4293 Route 47, Leesburg, NJ 08327
Mailing Address (if different than above) PO Box F-1 Leesburg, NJ 08327
Telephone Number: (856) 785-0040

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: The mission of the Bayside State Prison is to protect the public by operating safe, secure, and humane correctional facility. The mission is realized through effective supervision, proper classification, appropriate treatment of offenders, and by providing services that promote successful reentry into society.

Facility Website with PREA Information: www.state.nj.us/corrections/pages/prea

Warden/Superintendent

Name: Jonathan Gramp	Title: Administrator
Email: Jonathan.Gramp@doc.nj.gov	Telephone: (856) 785-5107

Facility PREA Compliance Manager

Name: Timothy Maines	Title: Assistant Superintendent
Email: Timothy.Maines@doc.nj.gov	Telephone: (856) 785-5127

Facility Health Service Administrator

Name: Donna Kohler	Title: Department Nurse Manager
Email: dk756@ubhc.rutgers.edu	Telephone: (856) 785-2314

Facility Characteristics

Designated Facility Capacity: 1877	Current Population of Facility: 1448
Number of inmates admitted to facility during the past 12 months	2493
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2380
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2482
Number of inmates on date of audit who were admitted to facility prior to August 20,	598

2012:			
Age Range of Population:	Youthful Inmates Under 18: NA	Adults:	21-71
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			NA
Average length of stay or time under supervision:			231 days
Facility security level/inmate custody levels:			Maximum/Medium/Gang Minimum/Full Minimum
Number of staff currently employed by the facility who may have contact with inmates:			586
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			29
Physical Plant			
Number of Buildings: 77		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		25	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		3	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): BSP employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility:		Infirmary	
Forensic sexual assault medical exams are conducted at:		Inspira Medical Center, Vineland, NJ	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			58 volunteers; 47 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			80

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Overview:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Bayside State Prison, Leesburg, New Jersey, occurred during the period of June 4-6, 2019. The audit was conducted by U.S. Department of Justice certified PREA auditor Donald Chadwick of The Nakamoto Group, Inc. The auditor was accompanied by one certified support staff. The standards used for this audit became effective August 20, 2012.

The auditor conducted an opening meeting on June 4, 2019, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related supportive documentation. The auditor spent three days on-site. Upon completion of the on-site audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and post audit expectations.

Pre-Audit Phase:

On April 17, 2019, PREA Audit Notices (in English and Spanish) were posted in strategic locations throughout the facility where inmates routinely live, enter and exit, buildings, and participate in programming. Postings of the PREA Audit Notices were verified by the auditor and were posted in a timely manner prior to the on-site portion of the audit. No correspondence was received from any inmates.

BSP staff were asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the facility on April 19, 2019. Supportive documentation was received by the auditor on April 19, 2019. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards.

On May 30, 2019, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, inmate rosters - including any inmates characterized as being included in "targeted" categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the on-site audit. On June 13, 2019, Just Detention International reported no known reports from BSP. Prior to the on-site visit, the auditor discussed the information conveyed in the Pre-Audit Questionnaire (PAQ) with the NJ DOC Office of Policy and Planning policy analyst. The Agency Head and NJ DOC PREA Compliance Coordinator were interviewed in conjunction

with this cycle of NJ DOC PREA audits. As part of the pre-audit process, a review of the agency's PREA referenced policies, applicable local supplemental instructions, as well as submittals of supporting documentation was conducted. Documentation submittals and reported data generally covered the 12 months of calendar year 2018. However, additional relevant data was reviewed for the 12 months preceding the on-site audit visit. Training records, staffing reports, and meeting minutes were reviewed during the pre-audit period. Other pre-onsite documents reviewed were applicable portions of agency level 1 Internal Management Procedures (IMP) or other agency level policy statements. Where applicable, level 3 facility-based policy statements were reviewed. Level 1 IMPs are agency-wide governing policies developed by the NJ DOC and Level 3 IMPs stipulate institution specific policies to correspond to agency level 1 policy. BSP uses both level 1 and level 3 IMPs. The auditor reviewed the documents submitted, during the pre-onsite period, and communicated with the PREA Compliance Manager (IPCM) regarding any concerns. A tentative schedule for interviews was also formulated and submitted to the audited facility.

On-Site Audit Phase:

The auditor held an opening meeting at Bayside State Prison on the morning of June 4, 2019. The audit schedule and process were discussed during the entrance meeting. Those in attendance at the entrance meeting included both BSP Assistant Superintendents (IPCM), and staff from the Office of Policy and Planning, NJ DOC Central Office.

The auditors were provided an office in which to work and conduct private confidential interviews. All requested files and rosters, both staff and inmates, were made available on the first day of the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of BSP was conducted. The auditor was escorted by the facility's PREA Compliance Manager and staff from the Office of Policy and Planning, NJ DOC. The auditor toured all inmate living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff, in manual and electronic logs who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, physical supervision requirement as applied to medium and minimum-security confinement requirements, and electronic monitoring capabilities. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing – (can inmates shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the facility. The tour revealed adequate camera coverage, and physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds.

The on-site audit tour did not reveal any inmate privacy concerns. Toilet and shower areas throughout the facilities were located in a manner to prohibit the possibility of non-incident cross gender viewing.

Inmate Interviews:

Inmate interviewees were selected from a housing roster dated June 4, 2019. The rosters categorized inmates by housing and PREA targeted categories such as disabled, limited English proficient (LEP), etc. Staff were able to identify inmates in targeted categories, or the lack of inmates in targeted groups. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 39 random inmates, and nine targeted inmates were privately interviewed. The targeted inmates were as follows; limited English proficient-2; LGBTI-0; disclosed victimization at screening- 5; disabled- 1; reported sexual abuse- 0; and one who delivered a letter to the auditor during the on-site visit. During the on-site audit, there were no transgender or other self-identified LGBTI inmates identified in the general population.

Staff Interviews:

Twenty-one random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and inmates, and their perception of sexual safety and appropriate offender privacy issues. Ten specialized staff were interviewed. The specialized staff included the PREA Compliance Manager, the Human Resource Manager, the Principal Investigative Agent, the medical department Nurse Manager, and supervisory mental health staff, among others.

File Review:

During interviews with specialized discipline personnel having oversight of PREA operational issues, the auditor reviewed training files, background clearance files, offender intake and screening documentation, and offender PREA education documentation. The auditor reviewed investigative files, and applicable mental health referral records. While on-site, the auditor reviewed sampled 17 personnel files to establish compliance with background checks and PREA training documentation. Personnel files reviewed included 2 new hires and 5 promotions during the applicable auditing period. The auditor reviewed documentation of 5 randomly selected volunteers and 5 contractors to confirm completion of background clearance and PREA training. Additionally, 20 staff training records were sampled to confirm employee training. File documentation on training was also included in the pre-audit submittals. Twenty-one inmate files were sampled for PREA education, PREA risk screening, and mental health follow-up as required. Five staff records were reviewed for specialized medical training.

Investigations

During the applicable audit period, there were 25 PREA allegations reported. While on-site, the auditor reviewed 10 investigative files.

Closeout

On June 6, 2019, a closing meeting was held with the auditors, BSP administrative staff, and NJ DOC policy and planning staff in attendance. Discussions centered around the audit process, preliminary findings, and the post-audit process for corrective actions prior to issuance of the final audit report, if applicable. The auditor thanked the executive team for their efforts and dedication to becoming PREA compliant.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the facility PREA Compliance Manager and NJ DOC policy and planning staff as required. PAQ entries were verified, and if applicable, submittals related to corrective actions were reviewed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The NJ Department of Corrections is comprised of 13 individual facilities at various locations throughout the state. The central office for NJ DOC is located in Trenton, NJ. The six main divisions of the Department of Corrections are the Office of the Commissioner, the Office of the Chief of Staff, the Office of the Deputy Commissioner, Division of Administration, Division of Operations, and Division of Programs and Community Services. All NJ DOC facilities fall under the Division of Operations. PREA deliverables at Bayside State Prison are monitored by both the Operations Division and the Office of the Chief of Staff. NJ DOC and BSP manage the PREA process by using the PREA E-Management System which generates automated electronic reports to assist key staff in fulfilling their monitoring and tracking responsibilities. Electronic e-alerts are generated in conjunction with each PREA milestone. The Special Investigations Division (SID) conducts PREA Investigations and participates in numerous facets of the investigative process. NJ DOC's office of Policy and Planning reports PREA compliance issues to the Office of the Chief of Staff.

Bayside State Prison is situated on approximately 1,148 acres of woods and farmland in rural South Jersey, approximately 17 miles south of Vineland/Millville. The prison complex consists of two operational units, which includes a full minimum camp. A full range of employment opportunities exists for the inmates. Educational and vocational training, medical and dental care, psychiatric, psychological, and social services are available and offer a variety of rehabilitation programs. The operational capacity is 1478 and the current population as of the first day of the audit was 1448.

Policies at the NJ DOC are promulgated through the Administrative Policies and Procedures Manual (APPM) Unit. APPM is the operational unit responsible for the generation, distribution

and maintenance of NJ DOC policy statements and internal management procedures, which are documents that impact the operation of all organizational units under the authority of the Commissioner of the NJ DOC. Special emphasis is placed on the development of standardized, custody-related policies and procedures that impact the safety and security of the public, staff and inmates. There are two basic types of documents generated by APPM: agency level policy statements, and agency level 1 Internal Management Procedures (IMPs). Where appropriate, each individual facility is responsible for promulgating its own Level III IMPs to correspond to the Agency Level 1 policy or IMP. An agency Policy Statement or Level I IMP is agency-wide and applicable to all facilities under the NJ DOC. A Level III IMP is based on a Level I IMP but is specific to each facility to account for its own unique operational requirements.

Inmate housing at BSP is comprised of cell units, modular units, barracks, and cottages. The medium security housing is celled with toilets within cells and showers located at the end of each tier. Housing in the gang minimum section of the facility contains modular units with day rooms with dormitory housing wings. Bathrooms and showers are located adjacent to each dormitory section. The full minimum facility has barrack and cottage housing with bathrooms and toilets located adjacent to each barracks or next to in each cottage section. All showers contain privacy curtains and toilet areas as applicable are separated by walls from the dorm areas. BSP has staff supervision in all housing units at the medium facility. Lower supervision levels are established at the full minimum facility. According to the PAQ, BSP has an authorized staffing complement of 586. Most positions are required to have contact with inmates. According to a BSP "Post Trick" report of authorized positions for the current budget cycle, there are approximately 451 authorized security positions. BSP augments staff supervision where needed with video cameras strategically placed within the facilities. Video monitoring is evaluated during the internal audit process and documented on the internal audit report. There were no reports of any systemic vacancy or staff retention issues. There were no substantiated sexual abuse or harassment allegations at BSP over the period referenced in the PAQ. BSP does not have a Special Housing Unit. All inmates requiring segregated housing are transferred to the Southern State Correctional Facility which is located on adjacent property to BSP. Human resources needs for BSP staff is also provided by Southern State Correctional Facility.

The following agency and local policies serve as the primary directives to guide operational and performance compliance for the PREA: IMM.001.004 (Zero Tolerance Policy: Prison Sexual Assault); PCS.001.PREA.ICM (Institution PREA Compliance Manager); PCS.001.PREA.EMS (PREA E-Management System); MED.IMA.001 (Health Appraisals at Reception); ADM.006.007 (Pre-Employment and ID Card Renewal Background Checks: Issuance of Employee/Volunteer ID Cards); ADM.006.011 (Investigations of SID); IMP # 14 (Procedures for Sexual Offenses); IMP # 35 (Investigative Procedures); ADM.010.004 (Standards of Professional Conduct; Staff/Inmate Over Familiarity); PSM.001.011 (Staff Selections and Promotions); IMM.002.001(Inmate Remedy and Grievance Process); IMM.002.IRS.001 (Inmate Remedy System); PCS.001.PREA.001(Sexual Assault/PREA Advisory Committee); PSM.001.000 (Office of Human Resources MGO); E3-HRB 84-17 (Human Resources Bulletin); CUS.001.CSM.001(Crime Scene Management); CUS.110.011 (Searches of Inmates and Correctional Facilities); CUS.001.SEA.001 (Searches);

CUS.003.001(Gender Restricted Posts); New Jersey Administrative Code (NJAC) 10A:4-12.2(Inmate Discipline); MED.MLI.007 (Sexual Assault); ADM.019.TCC.01 (Temporary Close Custody Status); PCS.001.006 (Transgender-Intersex Inmates); CLS.002.INT (Classification and Intake Process); CLS.005.001 (Review of Inmate by Classification)

Summary of Audit Findings

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

When the on-site audit was completed, an exit briefing was held to discuss the audit findings. The meeting was held with the BSP Facility Administrator, the BSP Assistant Superintendents, the Deputy Chief, NJ DOC SID, the NJ DOC Director of Policy and Planning/ PREA Compliance Coordinator, Nakamoto Group Inc. certified auditor/support staff, and the Administrative Analyst and the Executive Assistant, NJ DOC Office of Policy and Planning. Prior to the on-site audit, the auditor was provided documentation related to individual PREA standards. A review of this material was conducted to support a conclusion of compliance with the Prison Rape Elimination Act. Additionally, all interviews and observations were assessed to support a conclusion of compliance.

Notably, some NJ DOC Level 1 directives were created or updated during this audit cycle to better align with PREA standards requirements. Specifically, the policy on zero tolerance of inmate sexual abuse/sexual harassment was updated. The policy on "Temporary Close Custody (TCC) Status" was created to provide uniform guidelines for the placement and short term housing of inmates in a secure unit designated to limit an inmate's contacts with others when an immediate need to be separated from the general population for special observation (other than a healthcare need) and/or investigation exists to determine an appropriate custody or housing placement. The agency also has an established multi-disciplinary Sexual Assault Advisory Council (SAAC). The council convenes at both the correctional facility and departmental level to review all allegations and instances of sexual abuse/sexual harassment with the purpose of assessing and improving PREA prevention, detection and response.

On-site corrective action was required for the following standards: 115.53 (Access to outside confidential support services) to ensure information regarding support services are conspicuously posted throughout the facility.

The auditor concluded through observations, interviews, and the review of policies and documentation, that staff and inmates were knowledgeable concerning their responsibilities involving the PREA. During interviews, staff and inmates acknowledged awareness of NJ DOC's zero tolerance policy against sexual abuse. This philosophy has been fully institutionalized. Through a coordinated use of the agency staffing plan, daily rosters and post tricks, staffing levels are monitored to ensure PREA compliance and to provide enough supervisory resources to the offender population. Electronic monitoring is effective in

augmenting the physical supervision of inmates by security staff. Custody supervisors are diligent in making random security checks.

The facility has adaptive measures and a strategic action plan in place to ensure disabled and LEP inmates, as required, can participate in or benefit from all aspects of the PREA. Hiring practices are consistent with sexual safety measures. Promotion protocols ensure that all promotion candidates are directly asked about previous sexual abuse misconduct either in applications or interviews. The facility has appropriate medical and victim advocacy networks in place and available, if needed. PREA education and training is properly documented for security, investigative and medical/mental health staff. Staff indicated adequate training in all aspects of the PREA, particularly first responder duties or actions to take in the event of a report of a PREA related incident.

Inmates acknowledged that admissions screening included questions regarding a history of sexual abuse or victimization and whether they would like to identify a sexual preference. The PREA E-Management System generates several automated electronic reports which assist the IPCM, investigative staff, or other staff designated as PREA recipients to fulfill their responsibilities at the institutional level. The electronic reports apply to standards, 115.41, 115.42, 115.43, 115.67, 115.71, 115.73, 115.86, among others. The electronic reports address the broad areas of prevention, detection, and response to allegations of sexual victimization. The e-alert system uses email to communicate with the IPCM and investigative staff, among others on a daily/hourly or weekly basis depending on the specific report. The system is designed to make classification and medical/mental health intake processes efficient in addressing victimization and abusiveness factors. Inmates identified as potential victims or abusers were referred to mental health for a follow-up assessment of PREA screening variables. Documentation related to 115.41 is organized and stored in information systems available on a need-to-know-basis.

Even though placement in Temporary Close Custody (TCC) status as a result of a PREA allegation is not automatic, there is a pattern established at BSP of TCC status placement secondary to PREA allegations. In some cases, a generic justification of TCC status placement is used which lacks specificity in explaining why alternative housing is ruled out.

After implementing corrective action regarding local reporting outside the agency (115.53), numerous PREA reporting mechanisms are conveyed in a conspicuous manner to inmates. Staff members are also aware of the reporting processes available to them.

Systems are in place for coordinated responses to incidents of sexual abuse, if needed. However, the coordinated actions are not contained in a facility-based response plan but published in separate agency policies. The facility has access to sufficiently trained investigative personnel to handle administrative investigations and, as needed, uses other local and state investigative resources to provide administrative guidance, investigate staff related abuse allegations and to handle criminal investigations. Investigative personnel are sensitive to the mental health concerns of some of the alleged victims and collaborate well with mental health personnel during the investigative stage.

As the NJ DOC updates and further develops policy guidance relative to PREA standards, greater specificity in explaining PREA deliverables governing staff and inmate discipline (115.76 & 115.78) is recommended.

Number of Standards Exceeded: 0

Number of Standards Met: 45

§115.11; §115.12; §115.13; §115.14; §115.15; §115.16; §115.17; §115.18
§115.21; §115.22
§115.31; §115.32; §115.33; §115.34; §115.35
§115.41; §115.42; §115.43
§115.51; §115.52; §115.53; §115.54
§115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68
§115.71; §115.72; §115.73; §115.76; §115.77; §115.78
§115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89
§115.401; §115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Corrective Action(s):

The following issues were corrected on-site or submitted an acceptable plan of action to ensure compliance going forward.

115.53 – Information regarding a local entity providing outside confidential support services was not prominently displayed. To add a greater degree of information dissemination regarding outside victim advocacy resources, BSP staff will ensure that the contact address, phone number, and name of the local advocacy entity is conspicuously posted in housing units. Documentation was reviewed by the auditor verifying the posting of information regarding confidential support services.

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM 001.004 (Zero Tolerance Policy: Prison Sexual Assault) address the requirements identified in this standard. The agency directive outlines a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Additional agency policies which support a zero

tolerance towards sexual abuse and harassment are ADM.006.011), and New Jersey Administrative Code (NJAC) 10A:4-12.2.

Practice(s):

The agency has appointed the Director of Policy and Planning, located in the NJ DOC central office, as the NJ DOC PREA Coordinator. The BSP facility Administrator has appointed the BSP Assistant Superintendent as the Institution PREA Compliance Manager (IPCM). The IPCM reports directly to the facility Administrator in all matters pertaining to the PREA. The IPCM collaborates with BSP Nurse Manager, the Principal SID investigator, mental health staff, classification and custody staff regarding all PREA related concerns. Interviews with the agency PREA Coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with the PREA standards. Inmates are informed about the zero-tolerance policy and the PREA program is also a part of the inmate education process via admission and orientation procedures. Inmates are also informed about the program and zero tolerance in the Inmate Handbook, and BSP 11.18 Zero Tolerance Flyers in English and Spanish posted throughout living, work, and program areas. All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. All interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and documentation, support the facility's compliance with this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency meets the requirements of Standard 115.12. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of inmates such as Residential Community Release Programs contractors and bidders to be PREA compliant or become PREA compliant within a specified timeframe. The contractor is expected to adopt and comply with the PREA standards. All agency contractual agreements have been modified to incorporate the language requiring all contractors to adopt and comply with the PREA standards. BSP does not independently contract for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

NJ DOC Post Trick Analysis/Baseline Custody Staffing policy statement 3301; the 2018 Internal PREA Audit; CUS 001.CRP (camera review procedures); CUS.001.011; and IMM 001.004 address the requirements of PREA standard 115.13. Policy requires frequent monitoring of the staffing plan, frequent reporting on the effects of staffing on PREA supervision objectives, and regular facility rounds to assess sexual abuse vulnerabilities caused by staffing issues. Policy requires staff to assess the adequacy of the video monitoring designed to prevent and detect sexually abusive behaviors.

Practice(s):

Authorized staffing of BSP is determined by the Post Trick Analysis process taking into consideration the mission, activities and functions occurring in the facility. Additionally, staffing levels are assessed based on the design and layout of the physical structure of the facility and the number, frequency, and scheduling of programs and services. A baseline staffing level is used to determine the amount of custody staff required to operate BSP on any day or shift. A review of the latest PREA internal audit reveals that all aspects of supervision and monitoring are reviewed. PREA related staffing objectives are considered when filling positions and developing work rosters/assignments. Interviews with the Human Resource Manager and the Assistant Superintendent confirmed that the facility considers the items detailed in the standard, when developing a staffing plan. The facility reviews the staffing plan on a regular basis and certified there were no deviations from the staffing plan. Each calendar year, the agency PREA Coordinator oversees an internal audit of BSP which examines the adequacy of staffing and relevant factors in standard 115.13. The internal audit documents any deviations from the staffing plan. The IPCM provides input into staffing issues and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. In reviewing BSP related documentation regarding staffing and its impact on PREA deliverables, it is determined that assessment reports provide information relative to PREA requirements such as any adjustments to staffing plans, or any deviations from staffing plans. Additionally, a statement regarding an analysis of video monitoring is included in the internal audit assessments.

According to a BSP "Post Trick" report of authorized positions for the current budget cycle, there are approximately 451 authorized security positions. BSP augments staff supervision where needed with video cameras strategically placed within the facilities. Video monitoring is evaluated during the internal audit process and documented on the internal audit report. There were no reports of any systemic vacancy or staff retention issues. There were no substantiated sexual abuse or harassment allegations at BSP over the period referenced in the PAQ.

The auditor has not been informed of any judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relative to this standard. The review of logbooks in housing units confirmed that intermediate-level or higher-level supervisors (department heads at a minimum) conduct and document unannounced visits throughout the BSP-medium, gang minimum, and full minimum sections of the facility. CUS.001.011 prohibits staff members from alerting other employees regarding unannounced rounds. Compliance with this standard is confirmed by a review of an authorized and implemented staffing plan for the supervision of inmates. There have not been any unexplained deviations from the staffing plan and the IPCM has certified that based on an assessment of relevant factors, staffing is sufficient to ensure the sexual safety of inmates in accordance with PREA measurements.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Bayside State Prison does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

CUS.001.011, CUS.001.SEA.001, and CUS.003.001 address the requirements of Standard 115.15. The facility's overall rated capacity exceeds 50 inmates. The institution does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Policy prohibits employees from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Practice(s):

There have not been any cross-gender visual body cavity or strip searches conducted at BSP during the audit period. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. A review of training records reveals that security staff members have received formal training in pat searches. Staff interviews also confirmed that female officers have been trained to conduct cross-gender pat searches. The auditor observed, during the tour of all applicable housing units, that inmates are permitted to shower, perform bodily functions and change clothing privately. Toilets and shower facilities are either located in cells and showers with curtains down range (BSP-Medium), or generally separated by a wall with privacy doors or curtains at the gang and full minimum units.

The agency and BSP have an “announce” policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates, when entering an inmate housing unit. Randomly interviewed inmates confirmed that female staff members, as applicable, announce their presence in this manner, when entering a housing unit. The practice was observed, during the facility tour. Interviews with randomly selected inmates confirmed that they had been pat searched by officers of the same gender properly and professionally. Interviews with random and specialized staff, observations and an examination of support documentation, such as staff training acknowledgement forms, confirm training in this area follows the requirements of Standard 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.002.003 (ADA-Reasonable Accommodations for Inmates); SUP.004.001 (Limited English Proficient- Use of Language Line) PCS.001.DFH.01 (Deaf Hard of Hearing Inmates); Flyer 11-18 Zero Tolerance Poster in Spanish; NJ DOC Form 160 (LEP designation) and NJ DOC Deaf-Hard of Hearing Waiver address the requirements of standard 115.16. Through policy, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Intake staff are responsible for identifying inmates who have disabilities that prevent them from reading or understanding PREA education materials. NJ DOC policy and procedures allow for self-designation or waiver of identification as deaf or hard of hearing. Level 3 IMP informs staff of language line services. BSP staff are required to take appropriate steps to ensure disabled/LEP inmates can benefit from all aspects of the NJ DOC's efforts to comply with PREA. Policy prohibits the use of inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. The agency has "delegated purchase authority" (DPA) to procure services for LEP, hard of hearing, and disabled inmates. Based on the Lugo v Middlesex settlement agreement, BSP is not designated as a facility for housing hard of hearing inmates.

Practice(s):

Upon initial intake, NJ DOC staff document whether an inmate displays a language barrier or other disability which would prevent the understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication. Three inmates interviewed, who were identified as disabled/limited English proficient, verified that they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings, brochures and handouts are

available in English and in Spanish, as confirmed through inmate interviews and a review of written materials. A DPA with Linguistica International, Inc. for over the phone interpreter services was effective June 1, 2018. This would ensure translation services were available through for inmates who are not English proficient.

Telephone communication devices for the deaf, are also available for use, if required. BSP employs staff members who are proficient in languages other than English. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition for using inmate interpreters for PREA compliance related functions. Interviews with 39 random staff and an examination of supporting documentation, such flyer 11-18, designated declaration forms for the disabled, admission and orientation materials provided in English and Spanish, and verified language line services confirm the facility's substantial compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

ADM.006.007, PSM.001.011, and Sexual Assault Advisory Council Corrective Action Report 002-2019 applicable to BSP address the requirements of this standard. A background check is conducted on all individuals being considered for employment (including permanent, temporary and contract employment positions) with the NJ DOC, and for those individuals being considered to work as volunteers within the Department. Background checks will also be conducted as NJ Department of Corrections (NJ DOC) ID cards expire and individuals renew the ID card. The NJ DOC mandates that extensive, computerized, criminal background checks are to be conducted on all individuals who are being considered for employment, whether permanent, temporary or contract positions, or to be volunteers within the Department. All prospective employees and volunteers are required to complete an *Application for Clearance and Issuance of an Identification Card*. This form is utilized to conduct background checks. The background checks are conducted by the SID and the results of the background check determine if an applicant is suitable for employment and/or performing volunteer services for the Department. All approved applicants will be fingerprinted and NJ DOC ID cards, specific to the employment/volunteer position, will be issued to the new employees/volunteers. The policy (AMD.006.007) requires NJ DOC to conduct background checks at least every five years for current permanent employees, every three years for contractors, and annually for temporary employees and volunteers. The background check will be completed by the SID at the time the NJ DOC ID card is renewed. Policy directs that the facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/sexual harassment. NJ DOC policy stipulates that employees have a duty to disclose

such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

Practice(s):

The Human Resource Manager at Southern State Correctional Facility was interviewed, as this office is responsible for hiring for BSP. SID staff were interviewed regarding background checks. Seventeen personnel files were sampled relative to new hires, contractors and promotions to assess compliance with this standard. Five volunteer files were sampled to assess background clearances. Based on files sampled, all BSP employees hired during the applicable audit period and who have contact with inmates have had a background investigation, in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Those promoted, during the audit period, received background checks and were asked to respond to questions regarding sexual misconduct. Per ADM.006.007, re-investigations of employee backgrounds take place every five years and are tracked by the SID in conjunction with ID card renewals. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly and every three years respectively in conjunction with ID card renewals. The Human Resource Manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency provides 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. The NJ DOC notifies appropriate licensing/certifying agencies, when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy and relevant supporting documentation confirm the facility's compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
- Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

BSP has not had any substantial facility expansions or modifications since August 20, 2012 or since the last PREA audit. However, based on the consideration of enhancing the ability to protect inmates from sexual abuse, the facility reported on the PAQ that video monitoring systems, or electronic surveillance systems have been installed or upgraded since the last PREA audit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

ADM.006.011, IMP #35, MED.MHS.035 (Counseling Services for Victims of Sexual Assault), and MED.MLI.007 address the requirements of this standard. The NJ DOC assigns to the SID the responsibility of investigating violations of the laws of the United States, the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A), New Jersey Criminal Code Title 2C and NJ DOC policies and procedures by inmates, staff and other individuals who visit NJ DOC facilities. SID investigators specialized training to ensure that such investigations are conducted in a thorough, competent, objective manner using the most current techniques and equipment possible. While remaining cognizant of the limitations and ramifications of the use of such investigatory techniques, any lawful techniques to perform an investigation may be used. Protocols for all post allegation steps are outlined in the above referenced documents. Prior to a referral for an forensic

examination, alleged victims of sexual assault are examined in the BSP Health Services Department for an initial injury assessment. Such treatment would be for life preservation only.

Practice(s):

Interviews with correctional and professional staff confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff members were aware that the NJ DOC SID conducted investigations relative to sexual abuse/sexual harassment allegations.

BSP refers all criminal investigations to the NJ DOC SID. Investigations of incidents should be done in a manner to preserve the rights of the persons involved. In administrative investigations the contractual and Civil Service rights of employees must be preserved. Criminal cases should be done in such a way so as to prevent challenges to admissibility of evidence based upon search and seizure law, Miranda, and other considerations appropriate to a criminal case. When an investigation appears to involve criminal conduct, notification should be made as soon as possible to Central Office-Special Investigations Division and the appropriate County Prosecutor. In the case of sex crimes, the appropriate County Prosecutors' Office Sex Crimes Unit shall be notified. If staff from the Prosecutors' Office choose to participate in the investigation, efforts should be taken to the extent possible to accommodate the needs of that office.

NJ DOC SID follows a similar and equivalent uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". New Jersey Administrative Code ET AL and the New Jersey Statutes on Rules of Evidence and the Federal Prison Rape Elimination Act evidence protocols are followed. A victim advocacy agreement has been established with Center for Family Services, Services Empowering Rights of Victims (SERV) of Cumberland County, NJ. Additionally, if forensic medical exams are needed, they are performed at the Inspira Medical Center, Vinland, NJ. BSP reported zero forensic exams performed in the applicable audit period.

Routinely, administrative investigations are conducted by trained investigators who are full time employees of NJ DOC SID. As appropriate, the facility generates a referral to the SID. The review of training records confirmed that investigators have received specialized investigator training on the investigation of sexual abuse and sexual harassment in confinement settings. BSP certified that there were no inmates who requested victim advocacy services, during this audit period. Interviews with staff (random and specialized), and an examination of support documentation confirm the facility's compliance with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, ADM.006.011, IMP #35, and IMP#14 address the requirements of Standard 115.22. The policies require administrative or criminal investigations to be completed on all allegations of sexual abuse/sexual harassment. Administrative and criminal investigations are routinely assigned to the NJ DOC SID for completion. All cases of sexual abuse are referred to the local County Prosecutor. However, unless accepted at the county prosecutor level, the SID proceeds with the criminal component of the investigation.

Practice(s):

The Principal Investigator at BSP was interviewed for an assessment of his awareness of his office's responsibilities in the investigative process. The investigator conveyed the SID would conduct criminal investigations for the facility involving allegations of inmate-on-inmate, and staff-on-inmate sexual abuse. The investigator confirmed that an investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. Staff members are aware of the uniform evidence protocol and are confident that all referrals to other county and state agencies investigating criminal matters use a similar evidence protocol. Interviews with staff as well as the investigator, and an examination of training documentation confirm all investigators received instruction in conducting sexual assault investigations. Interviews and the review of investigators training records and training curriculum confirm the facility's compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

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

Practice(s):

An extensive and comprehensive PREA power point presentation lesson plan was used by the class instructors. The review of facility lesson plans and training logs confirmed that the training provided addressed all elements identified in this standard. Staff acknowledged, in writing, their receipt and understanding of the PREA. The BSP PREA power point presentation was reviewed, as well as signature acknowledgement sheets of training completion and comprehension of the subject matter. The training addressed all the topics identified in the standard, such as zero tolerance, effective communication, definitions of sexual abuse and sexual harassment, relationships with offenders, first responder duties, transgender issues and mandatory reporting, etc. Related education is provided on a biennial basis during refresher training. Staff receive ongoing PREA training regarding current policies on sexual abuse and sexual harassment. Twenty staff annual training records were reviewed, as well as new hires and promotions. All staff cases had documentation supporting compliance with

this standard. Twenty-one random staff interviewed indicated that they received the required PREA training initially and biennially. The training provided to staff and 21 random staff interviews regarding PREA requirements confirm the facility's compliance with Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004 and PCS.001.003 (Volunteer Services Program) address the requirements of standard 115.32. Contractors and volunteers receive PREA specific training on a biennial basis.

Practice(s):

At the time of the preparation of the PAQ, there were 58 volunteers and 47 contractors approved for facility entry subject to contact with inmates. BSP contractors are of Rutgers Health medical and mental health staff. The NJ DOC also authorizes the use of volunteer services offered by professionals, students and members of the community in areas such as, but not limited to, chaplaincy services, educational services and social services. The auditor's review of a sample of volunteer and contractor PREA training acknowledgement forms and other documents confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero tolerance, detection, prevention, response and reporting requirements), during the previous twelve months, or biennial refresher training as applicable. A review of training acknowledgement forms revealed that contractors and volunteers understood the agency's zero tolerance policy toward sexual abuse/sexual harassment and their responsibilities under the PREA. A review of the PREA lesson plan for contractor and volunteer training confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero tolerance and reporting policies.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, IMM.002.003 (ADA-Reasonable Accommodations for Inmates); SUP.004.001 (Limited English Proficient- Use of Language Line) PCS.001.DFH.01 (Deaf Hard of Hearing Inmates); Flyer 11-18 Zero Tolerance Poster in Spanish; NJ DOC Form 160 (LEP designation) and NJ DOC Deaf-Hard of Hearing Waiver address the requirements of Standard 115.33. During in-processing procedures at BSP, the IPCM is responsible for ensuring that each inmate entering the facility receives comprehensive and ongoing education on PREA and zero-tolerance of inmate sexual abuse and harassment.

Practice(s):

BSP inmates receive an inmate handbook and other educational materials describing the agency's PREA compliance program. The inmate handbooks were reviewed by the auditor and found to contain information on the inmate's right to be free of sexual abuse and sexual harassment. The information contained in the handbooks and pamphlets identify the key elements of the program and inform inmates about the facility's zero tolerance policy toward sexual abuse and sexual assault and the multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates about both male and female employees routinely working in and monitoring the housing units and the expectation of privacy in certain areas of the housing units. The information is available to inmates in English and Spanish. Staff members reiterate the information written in the inmate handbooks by conducting an educational program regarding the PREA for all inmates within 30 days of their arrival.

Through policy, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Intake staff are responsible for identifying inmates who have disabilities that prevent them from reading or understanding PREA education materials. NJ DOC policy and procedures allow for self-designation or waiver of identification as deaf or hard of hearing. Level 3 IMP informs staff of language line services. BSP staff are required to take appropriate steps to ensure disabled/LEP inmates can benefit from all aspects of the NJ DOC's efforts to comply with PREA. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. The auditor reviewed a sample of document submittals providing examples of inmate acknowledging receipt and understanding of PREA education. The auditor also sampled 15 inmate files and confirmed that PREA education is received and documented within 30 days of arrival. Forty-eight inmate interviews confirmed that PREA education is received and understood, including those inmates in "targeted" categories. Inmates at BSP have access to JPAY, a computer program system which also provides PREA information and can be used to report sexual abuse, sexual harassment and retaliation. Staff

interpreters and telephonic translation services are established. A tour of BSP confirmed that PREA educational posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, ADM.006.011, and IMP #35, address the requirements of this standard. Agency policy requires facility and agency investigators to be trained in conducting sexual abuse investigations in confinement settings, techniques for interviewing sexual abuse victims and the proper use of Miranda and Garrity Warnings, as well as sexual abuse evidence collection.

Practice(s):

There are four sworn SID investigators assigned to BSP. There is a Principal Investigator, and three Senior Investigators. When criminal investigations are indicated, they are conducted by NJ DOC SID investigators in conjunction with the local prosecutor's office.

BSP investigators completed training covering sexual assault protocols, crime scene preservation, and reporting and handling sexual assault incidents. The training covers the proper use of Miranda and Garrity Warnings and sexual abuse evidence collection.

The auditor reviewed training records and specialized training power point documentation. Interviews with staff, the Principal Investigator, and a review of documentation confirm that BSP is in compliance with the training requirement of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004 and Power Point Presentation on "Addressing Sexual Abuse and Harassment of Inmates – Medical and Mental Health Staff Training 2014" address the requirements of Standard 115.35.

Practice(s):

Training records reveal that BSP medical and mental health personnel received training in a specialized course entitled "Addressing Sexual Abuse and Harassment of Inmates – Medical and Mental Health Staff Training 2014". All required sections of the course were included in the power point presentation. Training sections covered included detection and assessing signs of sexual abuse and sexual harassment; preserving physical evidence; effective and professional responses; reporting and understanding sexual trauma in custody.

The auditor's review of medical and mental health personnel training records confirmed that these employees receive the same basic PREA training as custody and other civilian staff and understand their duty to report any knowledge of sexual abuse/assault, even when the said information is disclosed during a health care encounter. Forensic exams, if required, are performed at the Inspira Medical Center, Vinland, NJ. Based on the completion of the above training by medical and mental health staff, the facility meets the requirements for specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, PCS.001.PREA.EMS, Level 3 IMP on Multi-dimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, and the Electronic Medical Record (EMR) Module on PREA Monitoring address the requirements of Standard 115.41. The procedures require an initial assessment to be completed within 72 hours of admission, by intake staff. Specifically, a sexual victimization/abusiveness screening assessment is completed by healthcare staff to determine an inmate's risk of being sexually abused by other inmates or if they are at risk for being sexually abusive toward other inmates. NJ DOC level 3 instructions state that after the intake screening is completed, all inmates will need a healthcare monitoring visit within 30 days to reassess risk factors based upon any additional relevant information received at the facility since the initial risk screening. NJ DOC policy prohibits inmates being disciplined for refusing to answer screening questions or for not disclosing complete information during the screening process. Information received, during the screening process, is deemed confidential and only available to staff with a need-to-know and never to other inmates.

Practice(s):

The PREA E-Management System makes possible daily, PREA related data from the EMR and the NJ DOC Inmate Management System (iTAG). Once data is retrieved, specific PREA reports can be disseminated to authorized staff. The PREA Risk Assessment Report is generated once daily and distributed to designated staff. The risk assessment report indicates the number of new risk assessments completed at intake facilities and identifies inmates who

must be seen pursuant to 115.41 (f). During risk screening, all inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization. Staff use the EMR module to assess at least 25-30 screening variables. The above screening instrument gauges the propensity for abusiveness or victimization. The NJ DOC screening tool considers all identified criteria as per standard 115.41. Nursing staff is required to conduct an affirmative re-assessment on all admissions. During risk screenings, inmates who are referred to mental health based on a propensity for victimization or abusiveness receive a follow-up review within 14 days. Cases referred receive a second PREA Risk Screening” to determine a propensity level for victimization or abusiveness. The auditor also reviewed 21 cases housed at BSP at least 30 days to determine if initial risk assessments and 30-day re-assessments were conducted in a timely manner. The auditor reviewed documentation contained on the EMR screening module to determine if screenings for victimization and abusiveness were conducted in compliance with the standards. Medical staff screens all new arrivals within the first 72 hours of the inmate’s arrival. The auditor’s review of screening documents confirmed that inmates identified as being at risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. The screening process also includes the review of records or information from other facilities

Based on the completion of initial risk screenings and required follow-up encounters, and a review of supporting documents received from BSP, the facility demonstrates compliance with standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

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

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, PCS.001.006, CLS.002.INT, and CLS.005.001 address the requirements of Standard 115.42. The policies require risk screening information to be used to determine housing, bed assignments, work assignments, and education and program assignments. Policy requires these determinations for various assignments to be made on a case-by-case basis.

The classification review of a transgender or intersex inmate shall be an in-person review. Placement and programming assignments for each transgender or intersex inmate shall be scheduled for classification review every six months.

In accordance with departmental classification regulations, policies and procedures, the housing and programming assignments of all inmates to include transgender and intersex inmates, committed to the custody of the Department of Corrections are made on a case by case basis and make individualized determinations about how to ensure the safety of transgender inmates. Housing and programming for transgender and intersex inmates shall be reassessed at least twice each year, or as needed, to review any threats to the inmate's safety. Policy requires that placement and programming assignments for each transgender or intersex inmate are re-assessed at least once every six months. BSP allows a

transgender or intersex inmate's own view, with respect to his own safety, be given serious consideration when making these assignments. Transgender and intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates

Medical staff members assigned to conduct PREA risk screening have been provided additional training and resource materials. BSP inmates at risk for victimization or perpetration of sexually abusive behavior, based on screenings pursuant to 115.41, or at any time new information becomes available, will be referred to mental health for an assessment of treatment and management needs. If an inmate is identified as being at risk of sexual victimization, staff will use all relevant information to recommend housing, bed, work, and education and program assignments. The goal is to keep an inmate at high risk of being sexually victimized from those at high risk of being sexually abusive.

Practice(s):

The auditor reviewed case management categories related to monitoring an offender's victimization or abusiveness profiles and PREA decisions as a result of PREA risk screenings pursuant to 115.41. Interviews were conducted with 48 inmates, inclusive of those who reported victimization at screening or later, as well as random selectees. Staff interviews and supporting documentation indicated that staff from various disciplines meet on a regular basis to assess the status of any inmate thought to be at risk of victimization or inmates who are exhibiting institutional adjustment problems. The interview with the PREA Compliance Manager confirmed that an inmate's identification as transgender or intersex is not the sole criteria for placement in a specific housing unit. Based on the auditor's observations, during the on-site tour, BSP does not have dedicated housing units for transgender offenders. There were no transgender cases in the inmate population identified during the on-site audit. However, policy and staff interviews revealed BSP determines housing and programming assignments for transgender or intersex inmates on a case-by-case basis and careful consideration is given to all assignments, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Interviews with staff and an examination of documentation/policy confirm BSP is compliant with the requirements mandated in Standard 115.42

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

ADM.019.TCC.01, New Jersey Administrative Code 10A.5-7.1, and CUS-104 (Authorization for Temporary Close Custody) address the requirements of Standard 115.43. The New Jersey Department of Corrections mandates that housing units designated as "Close Custody Units" be maintained in certain correctional facilities, where appropriate. Whenever it becomes necessary to administratively limit an inmate's activities and contacts with others on a short term basis, for increased observation or pending the completion of an investigation, the inmate shall be placed into Temporary Close Custody (TCC) status to provide for the safety and security of staff, inmates and the institutions, when circumstances suggest potential harm to the inmate, or s/he is engaged in, or planning to be engaged in, a serious violation of correctional facility rules or regulations, for a period not to exceed 72 hours, unless emergent reasons exist and proper review and authorization is given. NJ DOC policy allows involuntary segregated housing placement when a PREA allegation is received that requires victims be separated from perpetrators after all alternative means of separation have been assessed and no alternative means of separation are available (i.e. cell assignment/housing unit assignment change, intra-institutional transfer). Such assessment will occur within 24 hours of the allegation.

Placement in TCC status as a result of a PREA allegation is not automatic. Such placement will be considered on a case by case basis taking into account factors that include but are not limited to: the nature and severity of the PREA prohibited act, medical, mental health, disciplinary and investigatory considerations, an inmate victim's access to property, services and privileges that are afforded to general population inmates, and any circumstances that would pose a threat to the safety, security and orderly running of the correctional facility. If it is determined that an inmate requires placement in TCC status as a result of a PREA allegation, the reasons for the placement shall be documented.

Practice(s):

TCC status means the non-punitive removal of an inmate from general population or other assigned housing, with restriction to the inmate’s cell or to a close custody unit for a period not to exceed 72 hours, for special observation (other than a healthcare need) or investigation, unless information or evidence warrants an extension beyond 72 hours and is documented and approved by the facility Administrator or designee. BSP does not have a Restrictive Housing Unit. BSP inmates requiring removal from the general population are moved to the adjacent Southern State Correctional Facility for TCC status. BSP reported on the PAQ that during the applicable audit period, nine inmates at risk of sexual victimization were held in involuntary segregated housing (TCC status) for one to 24 hours awaiting completion of an assessment of alternative means of separation from likely abusers. No cases were held longer than 30 days awaiting alternative placement. The CUS- 104 contained a statement of the facility’s concern for the inmate’s safety and why TCC status was required. The authorization for TCC status was usually completed at the time of transfer to TCC status but always within 24 hours of status change. BSP did not have a Restrictive Housing Unit on site. Even though placement in TCC status as a result of a PREA allegation is not automatic, there is a pattern established at BSP of TCC status placement secondary to PREA allegations. In some cases, a generic justification of TCC status placement is used which lacks specificity in explaining why alternative housing is ruled out.

Interviews with the BSP IPCM confirmed that, to the extent possible, access to programs, privileges, education and work opportunities are not restricted for inmates placed in non-punitive TCC status for the purpose of protective custody due to victimization issues, except when there are safety or security concerns. Interviews with staff sampled (random and specialized), during the on-site audit, and an examination of support documentation confirm staff’s understanding of Standard 115.43. During the on-site audit, a review of the TCC status documentation relative to PREA allegations confirmed the facility’s compliance with this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, IMM.002.IRS.001, and PCS.001.PREA.OMB address the requirements of this standard. NJDOC requires all staff to immediately report to his or her supervisor any knowledge, suspicion or information regarding inmate sexual abuse, sexual harassment, retaliation against an inmate or staff for reporting an incident of sexual abuse, or any staff neglect or violation of responsibilities that contributed to an incident of sexual abuse or harassment or retaliation. An employee, contractor or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report, may face disciplinary charges, up to and including dismissal, even on a first offense. Staff receive regular training on their responsibility to report under PREA.

Apart from reporting to designated supervisors or officials, staff shall not reveal information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Inmates can report incidents of sexual abuse or harassment in person, in writing, on J-Pay or anonymously. Inmates can report an incident at any time no matter when it happened. Inmates can report incidents that occur at the facility at which they are currently assigned (including incidents that happen at a halfway house), prior facilities to which they have been assigned or during a prior period of incarceration.

Family members or other third-party individuals on behalf of an inmate may report sexual abuse/sexual harassment.

In accordance with the Prison Rape Elimination Act of 2003, inmates may use the Inmate Remedy System as one means to report an allegation of sexual abuse. All Inmate Remedy System Forms filed that are related to sexual abuse are to be immediately forwarded to SID and the facility Administrator. A third party can file a remedy form on behalf of an inmate when there is an allegation of sexual assault. Policy also establishes guidelines for handling contacts received in the Office of the Corrections Ombudsman that pertain to allegations of sexual abuse, sexual assault, or harassment. It is the policy of the Office of the Corrections Ombudsman to serve as an available resource to inmates in custody of the New Jersey Department of Corrections to report incidents of sexual abuse, assault, harassment or retaliation. The Office of the Corrections Ombudsman, upon receiving such information, shall immediately forward inmate reports of sexual abuse or sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Practice(s):

In addition to policy provisions, during the on-site tour of BSP, numerous reporting mechanisms were conspicuously displayed throughout the facility. J-Pay kiosks are located in all housing units for e-mail reporting access. Informational postings are displayed in housing units and work and program areas. Informational flyers and handouts provided to inmates upon intake provide PREA reporting options. Inmate handbooks provided to all inmates at BSP address all methods for reporting sexual abuse and sexual harassment. The information

is printed in English and Spanish. As observed in all housing units, work and program areas throughout the facility, displayed notices reflect the BSP's zero tolerance toward sexually abusive behavior, as well as reporting procedures. A review of documentation indicated that there are multiple ways available to inmates for reporting sexual abuse or sexual harassment, to include writing the Office of the Corrections Ombudsman, facility staff, or through friends and family. Inmates may also file an inmate administrative remedy. The facility provides access to confidential support via a contractual agreement with the "Center for Family Services, Services Empowering Rights of Victims (SERV) of Cumberland County, NJ.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, while keeping the inmate safe. All inmates randomly sampled during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. Inmates at BSP are not detained solely for civil immigration purposes. Interviews with staff and inmates and an examination of supporting documentation confirm the facility's compliance with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.002.IRS.001 addresses the requirements of Standard 115.52. Agency policy reveals that BSP is not exempt from this standard. Agency policy explains the procedures of the "Inmate Remedy System", which provides a mechanism for inmates to address complaints, concerns,

questions, problems and/or grievances to correctional facility Administration for resolution through the use of the Inmate Inquiry Form, the Inmate Grievance Form and the Appeal process via approved departmental forms or electronically through the JPay Kiosk. Inmate Remedy System refers to forms on paper or through the electronic submissions on the Kiosk. In accordance with the Prison Rape Elimination Act of 2003, inmates may use the Inmate Remedy System as one means to report an allegation of sexual abuse. All Inmate Remedy System Forms filed that are related to sexual abuse are to be immediately forwarded to SID and the facility Administrator. A third party can file a remedy form on behalf of an inmate when there is an allegation of sexual assault. Grievances filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal investigation. The policies states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policies do not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Policy requires that a decision on the merits of any portion of a grievance alleging sexual abuse be made within 90 days of the filing.

Agency policies allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Agency policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours.

Practices:

A review of documentation related to grievances indicated that there were no grievances filed alleging sexual abuse within the applicable 12-month audit period. There were zero grievances alleging sexual abuse/sexual harassment filed within the last twelve months that resulted in disciplinary action; zero grievances in which the inmate declined third party assistance; and there were no emergency grievances alleging a substantial risk of imminent sexual abuse. The facility reported on the PAQ that during the past twelve (12) months, there were no instances of an inmate submitting a grievance alleging sexual abuse, which required an extension. Based on a review of the governing policy and certifying documentation submitted by the facility, BSP is in compliance with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, IMM.002.IRS.001, and PCS.001.PREA.OMB, and a Memorandum of Understanding (MOU) between NJ DOC and the "Center for Family Services, Services Empowering Rights of Victims" (SERV), address the requirements of Standard 115.53. The facility does not house detainees solely for civil immigration purposes. NJ DOC policy

establishes that inmates who are committed to the custody of the department have access to external sexual abuse emotional support services. Access is provided even if they do not wish to make a report of sexual abuse. Services are based on the county where the inmate is housed and includes at a minimum, written access to emotional support services via correspondence. Where telephone hotline services are available, services can be accessed via the inmate telephone system by dialing *PREA#. Inmates are advised that PREA external emotional support services are confidential. However, the service provider will notify the department if an inmate communicates a threat of imminent harm against self or others. Misuse of the external reporting emotional support line or the inmate telephone system may result in disciplinary action. Alleged victims are to be offered supportive services by trained victim advocacy staff. Services are available to alleged victims whether they name an alleged perpetrator or whether they cooperate with the investigation. Upon request, an alleged victim will be accompanied by supportive services throughout the forensic exam and investigative process.

Practice(s):

NJ DOC entered into a “MOU” with SERV of Cumberland County, for providing inmates with emotional support services to BSP inmates related to sexual abuse. The provision of this agreement was verified by the auditor. Training was provided to BSP staff on the NJ DOC emotional support advocacy program. Inmates are informed as part of their orientation process of the extent of telephone privacy while using the hotline associated with outside emotional advocacy support. A tour of the facility verified that outside PREA emotional support information is provided in English and Spanish in inmate handbooks. However, during the tour of the facility, some housing units required posting of external advocacy information in a conspicuous manner as part of corrective measures. This corrective action was done while on-site and documentation was reviewed by the auditor verifying the posting of information regarding confidential support services.

Informational PREA pamphlets detailing victim advocacy services are issued upon the inmate’s arrival. PREA postings in housing units provide the address and hotline phone number of the outside advocacy organization. A review of the “MOU” and confirmation of services, in addition to on-site interviews with staff and inmates, confirm the facility’s compliance with Standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IMM.001.004, and PCS.001.PREA.OMB address the requirements of this standard. Family members or other third-party individuals on behalf of an inmate may report sexual abuse/sexual harassment. A third party can file an inmate remedy form on behalf of an inmate when there is an allegation of sexual assault. Policy also establishes guidelines for handling contacts received in the Office of the Corrections Ombudsman that pertain to allegations of sexual abuse, sexual assault, or harassment. It is the policy of the Office of the Corrections Ombudsman to serve as an available resource to inmates in custody of the New Jersey Department of Corrections to report incidents of sexual abuse, assault, harassment or retaliation. The Office of the Corrections Ombudsman, upon receiving such information, shall immediately forward inmate reports of sexual abuse or sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

BSP makes available posters throughout the facility with information on how to contact the Office of the Corrections Ombudsman. The department's public website www.state.nj.us/corrections/pages/PREA informs third party reporters on how to report allegations of sexual abuse/sexual harassment. During the on-site audit, the auditor observed informational postings regarding third party reporting. Additionally, interviews with staff and inmates confirmed that they have a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at BSP.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, level 3 PREA Information for NJ DOC Contractors, and PCS.002.REL.VOL, address the requirements of Standards 115.61. NJDOC requires all staff to immediately report to his or her supervisor any knowledge, suspicion or information regarding inmate sexual abuse, sexual harassment, retaliation against an inmate or staff for reporting an incident of sexual abuse, or any staff neglect or violation of responsibilities that contributed to an incident of sexual abuse or harassment or retaliation. An employee, contractor or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report, may face disciplinary charges, up to and including dismissal, even on a first offense. Staff receive regular training on their responsibility to report under PREA.

Apart from reporting to designated supervisors or officials, staff shall not reveal information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All volunteers are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Institution PREA Compliance Manager refers the incident for investigation to the appropriate office (NJ DOC SID) and reviews the incident for any further response.

Practice(s):

Interviews with supervisory and line security staff, other categories of employees, contractors and volunteers confirmed that all were aware of and understood their reporting duties and responsibilities. Additionally, facility compliance with all aspects of Standard 115.61 was verified through document and policy review. BSP does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.PSA.001 addresses the requirements of Standard 115.62. It is the policy of the New Jersey Department of Corrections to maintain a zero tolerance toward all forms of sexual abuse and sexual harassment, and actively enforce all internal policies and procedures related to the prevention, detection, and response to such conduct. When the NJ DOC staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. Policy requires NJ DOC staff to be committed to ensuring the protection of victims of sexual assault, and will employ multiple measures, including but not limited to, housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations in order to fulfill this commitment.

Practice(s):

Random and specialized staff interviews confirmed they were all aware of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling supervisory staff for immediate assistance. Staff indicated that they would further protect the victim, notify medical and mental health staff and advise the IPCM and SID. During the audit period, the BSP reported that there were no inmates subjected to a

substantial risk of imminent sexual abuse. Interviews with staff and an examination of support documentation confirm the facility's compliance with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PCS.001.PREA.ICM addresses the requirements of Standard 115.63. The institutional PREA Compliance Manager must accept reports that an inmate was sexually abused while incarcerated at another facility. The IPCM will 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. The IPCM will maintain documentation of such notification in Folder 115.63 on the DOCNet I drive.

Practice(s):

Documentation revealed that facility staff members were informed of allegations occurring at another facility by one inmate. The allegation was made at the during intake at BSP on June 1, 2018 regarding an incident at CRAF reception center. The incident allegedly occurred in February 2018. Upon receipt of the allegation, BSP IPCM removed the inmate to TCC at Southern State Correctional Facility and notified Southern State staff of the allegation. SID investigated the allegation. Supporting documentation reveals that notifications letters were forwarded to the Warden/agency head of the prior facility within 72 hours. During the audit period, there were no applicable cases requiring BSP staff to initiate a 72- hour response. Interviews with the Administrator and IPCM confirm their understanding of the notification and documentation requirements of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004 and IMM.001.PSA.001 address the requirements of Standard 115.64. Staff who receive an initial report of sexual assault or harassment must separate the victim from the alleged assailant to protect the victim and prevent further violence. First-responding staff must immediately take reasonable steps to ensure the safety of all parties, secure the potential crime scene and ensure that the victim receives prompt medical and psychological assistance from the appropriate healthcare providers as appropriate to his or her needs and the circumstances of the alleged offense.

All inmates who make any allegation of sexual abuse, sexual harassment or staff sexual misconduct are referred to medical and/or mental health for an examination and/or evaluation along with an updated risk assessment. Regardless of the source, NJDOC staff, contract employees and volunteers who receive information concerning offender on offender sexual assault, or who observe an incident of offender on offender sexual assault, or have reasonable cause to suspect that an offender is a victim of sexual assault (inmate on inmate or staff on inmate), that retaliation against inmates or staff who reported such an incident occurred, or that any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, must immediately report the information or incident to their immediate supervisor and/or shift supervisor. This report must be made regardless of when or at which institution the alleged incident occurred. The immediate supervisor/shift supervisor will immediately notify the Special Investigations Division and forward all written reports to the SID investigative unit. The assigned investigator will notify local law enforcement.

Practice(s):

All interviewed security staff and those who can act as first responders were knowledgeable concerning their responsibilities as a first responder and the actions required, when learning of an allegation of sexual abuse/sexual harassment. All security and first responder staff interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact their supervisor. Supervisory staff would continue to protect the inmate, notify medical and mental health staff, and executive staff. Within the last year, there were 25 reported incidents in which security staff responded to an allegation and separated the alleged victims and alleged abusers. These were not cases of imminent danger. The facility reported no instances in which staff members were notified within a period that still allowed for the collection of physical evidence. There were no applicable instances in which the first security staff to respond preserved and protected any potential crime scene, requested the alleged victim not take any actions that could destroy evidence and ensured the alleged abuser did not take any actions that could destroy evidence. There were no instances in which a non-security staff member was the first responder. Interviews with staff and an examination of support documentation confirmed BSP's compliance with Standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.PSA.001, MED.ML1.007(Sexual Assault), and SID#14 (Procedures for Sexual Offenses) address the requirements of this standard. Each of the above is a separate policy promulgated at the agency level. Each policy outlines specific instructions for security, healthcare, and investigative staff relative to post sexual abuse protocols. If institutional staff are to utilize the instructions contained in agency policy guidance, staff must consult several policy documents.

Practice(s):

There is no facility level written institutional plan specific to responses to sexual abuse. A facility- based plan would likely include local forensic service providers, local advocacy resources and their contact information. It is recommended that BSP create an institutional plan specific to BSP to guide staff actions among first responders, medical/mental health, investigators, and facility leadership in instances of sexual abuse. During the applicable audit period, the coordinated response plan was not required for any first responder cases. Based on the agency level policies being in place to guide facility practices, the facility is in compliance with Standard 115.65.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

IMM.001.PSA.001 supports the removal of staff alleged to have committed sexual abuse pending the outcome of the investigative process. Corrective bargaining Agreements between the NJ DOC and at least seven employee unions were reviewed. The agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The BSP Administrator and the IPCM certified that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

PCS.001.PREA.ICM, and PCS.001.PREA.EMS, address the requirements of 115.67. The BSP PREA Compliance Manager is the NJ DOC staff member designated by the BSP institutional Administrator to coordinate and supervise PREA compliance relative to retaliation monitoring within the facility. This delegation of authority applies agency-wide and applies to all NJ DOC facilities. The retaliation monitor is required to be a position at the level of an Assistant Superintendent or higher. NJ DOC utilizes a PREA Tracking System (PTS), which is the database system which tracks all reported allegations of sexual abuse, including but not limited to, type of allegation, facility and location of allegation, victim and perpetrator identifiers, retaliation monitoring and disposition of the investigation. The system interfaces with the department's ITag and Electronic Medical Record in real time to provide immediate identification and location of PREA-identified inmates.

Policy requires that the retaliation monitor interview inmates who previously alleged sexual victimization within 45 days of the allegation to ensure they haven't experienced retaliation because of their allegation(s). For at least 90 days following a report of sexual assault, or harassment allegation, designated staff will monitor the alleged victim or witness by way of periodic status checks using the NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation). The Institutional PREA Compliance Manager will deliver a copy of this form to the inmate who will sign for same. A copy of the signed form will be maintained by the Compliance Manager and placed in Folder 115.67 on the DOCNet I drive. The "New Incident Alerts" occur hourly each day and the "New Incident 45 Day Reminder", and "90 Day Reminder" alerts occur within the time frame of the established retaliation monitoring period. Recipients of the New Incident Alerts are the Agency Wide PREA Coordinator, the Institutional PREA Compliance Manager, the COHQ PREA Compliance Unit & Rutgers Recipients. Recipients of the 45- and 90-Day Reminder alerts are: The Agency Wide PREA Coordinator, the Institutional PREA Compliance Manager, and SID recipients.

The IPCM at the institution where the inmate resides shall monitor inmate disciplinary reports, performance reviews and reassignments for staff to determine if there is any suggestion of possible retaliation. 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 shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Practice(s):

During the on-site audit, five files were examined to determine if retaliation monitoring was documented. The examination revealed that all sampled cases were no longer housed at BSP. The PTS referenced above is available at every NJ DOC facility. As such, the designated retaliation monitor at the receiving facility was notified by the PTS that there are new retaliation cases which require contacts, and "NEW Incident Alerts" assists personnel in tracking the timeliness of required contacts. Examples of two monitoring events were reviewed and revealed at least one face-to-face monitoring contact for each case. Based on effective systemwide tracking of required monitoring, events, and staff continued adherence to "new incident reminders" for retaliation monitoring, BSP and the agency are currently in compliance with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

ADM.019.TCC.01, New Jersey Administrative Code 10A.5-7.1, and CUS-104 (Authorization for Temporary Close Custody) address the requirements of Standard 115.43. The New Jersey Department of Corrections mandates that housing units designated as “Close Custody Units” be maintained in certain correctional facilities, where appropriate. Whenever it becomes necessary to administratively limit an inmate’s activities and contacts with others on a short term basis, for increased observation or pending the completion of an investigation, the inmate shall be placed into Temporary Close Custody (TCC) status to provide for the safety and security of staff, inmates and the institutions, when circumstances suggest potential harm to the inmate, or the inmate is engaged in, or planning to be engaged in, a serious violation of correctional facility rules or regulations, for a period not to exceed 72 hours, unless emergent reasons exist and proper review and authorization is given. NJ DOC policy allows for placement in temporary close custody status placement when a PREA allegation is received that requires victims be separated from perpetrators after all alternative means of separation have been assessed and no alternative means of separation are available (i.e. cell assignment/housing unit assignment change, intra-institutional transfer). Such assessment will occur within 24 hours of the allegation.

Placement in TCC status as a result of a PREA allegation is not automatic. Such placement will be considered on a case by case basis taking into account factors that include but are not limited to: the nature and severity of the PREA prohibited act, medical, mental health, disciplinary and investigatory considerations, an inmate victim’s access to property, services and privileges that are afforded to general population inmates, and any circumstances that would pose a threat to the safety, security and orderly running of the correctional facility. If it is determined that an inmate requires placement in TCC status as a result of a PREA allegation, the reasons for the placement shall be documented.

Practice(s):

TCC status means the non-punitive removal of an inmate from general population or other assigned housing, with restriction to the inmate’s cell or to a close custody unit for a period not to exceed 72 hours, for special observation (other than a healthcare need) or investigation, unless information or evidence warrants an extension beyond 72 hours and is documented and approved by the facility Administrator or designee. BSP does not have a Restrictive Housing Unit. BSP inmates requiring removal from the general population are moved to the adjacent Southern State Correctional Facility for TCC status. BSP reported on the PAQ that during the applicable audit period, nine inmates at risk of sexual victimization were held in involuntary segregated housing (TCC status) for one to 24 hours awaiting completion of an assessment of alternative means of separation from likely abusers. No cases were held longer than 30 days awaiting alternative placement. The CUS- 104 contained a statement of the facility’s concern for the inmate’s safety and why TCC status was required. The authorization for TCC status was usually completed at the time of transfer to TCC status but always within 24 hours of status change. BSP did not have a Restrictive Housing Unit on site. Even though placement in TCC status as a result of a PREA allegation is not automatic, there is a pattern established at BSP of TCC placement secondary to PREA allegations. In some cases, a

generic justification of TCC status placement is used which lacks specificity in explaining why alternative housing is ruled out.

Interviews with the BSP IPCM confirmed that, to the extent possible, access to programs, privileges, education and work opportunities are not restricted for inmates placed in non-punitive TCC status for the purpose of protective custody due to victimization issues, except when there are safety or security concerns. Interviews with staff sampled (random and specialized), during the on-site audit, and an examination of support documentation confirm staff's understanding of Standard 115.43. During the on-site audit, a review of the TCC documentation relative to PREA allegations confirmed the facility's compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, ADM.006.011, SID.IMP#14, and SID.IMP#35 address the requirements of this standard. SID is the division within the Office of the Commissioner whose duties include, but are not limited to, ensuring that possible violations of the laws of the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A), the NJ Criminal Code Title 2C, the Prison Rape Elimination Act of 2003 (PREA) and NJDOC policies and procedures by inmates, employees and individuals who visit NJDOC correctional facilities are investigated. Additionally, the SID shall serve as the NJDOC liaison to all other law enforcement agencies, conduct cooperative investigations in conjunction with federal, state, county and municipal law enforcement agencies.

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

Practice(s):

BSP was responsible for processing a total of 24 allegations that required investigation during the audit period. There were 20 unsubstantiated allegations, two unfounded allegations, and

two outcomes pending at the time of the on-site audit. All completed allegations received a full protocol investigation. An interview with the BSP Principal Investigator and a review of investigative files reveal the uniform evidence protocols were used. Where applicable, investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. A review of investigative files revealed interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The facility involves the participation of mental health staff where applicable to assist in filtering out any impactful mental health concerns. Where applicable, documentation of post allegation psychology referrals for alleged victims and abusers are included in the investigative files. The investigators review prior complaints of sexual abuse involving the suspected perpetrator. Based on interviews, when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with the County Prosecutor's office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The on-site interviews also revealed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status. BSP investigators do not require alleged victims to submit to a polygraph examination or similar process. All administrative investigations were documented in written reports which included a description of the physical and testimonial evidence, the assessments, and investigative facts and findings. BSP's investigative office retains all written reports. Interviews revealed the departure of perpetrators or victims from employment or confinement at the facility does not provide a basis for terminating the investigation. Facility compliance with Standard 115.71 was determined by a review of policy, investigative files and supporting documentation, as well as interviews with Principal Investigator and PREA Compliance Manager.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

ADM.006.011 and SID PREA Training address the requirements of Standard 115.72. According to SID training materials guiding SID administrative investigations, the agency imposes no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This philosophy meets the requirements of the standard.

Practice(s):

A review of five investigative files and the basis for their conclusions reveal that the outcomes are based on no higher standard than the preponderance of the evidence. The Principal Investigator in charge of investigations was aware of the required evidentiary standard in determining whether allegations of sexual abuse/sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, and PCS.001.PREA.ICM address the requirements of Standard 115.73. Policy requires that inmates in the custody of NJ DOC who make an allegation of prohibited conduct under PREA are subsequently notified of the investigative outcome following a PREA investigation. Policy requires the IPCM to advise inmates who previously alleged sexual victimization of the disposition of the investigation. The IPCM will deliver a copy of form (NJDOC PREA Sexual Abuse Investigation Disposition Report) to the inmate who will sign for same. A copy of the signed form will be maintained by the Compliance Manager and placed in Folder 115.73 on the I drive. The governing notification form informs an inmate of the results of an investigation of inmate-on-inmate sexual abuse allegations. When the allegation involves staff, the form provides a space for the inmate to be informed if the staff member is no longer posted within their housing unit, is no longer employed at BSP, if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

Practice(s):

Policy IMM.001.004, E3 should be revised to include notification to inmates for cases that are determined to be unfounded. BSP conducts administrative investigations, when needed. There were 22 closed investigations involving allegations of sexual abuse/sexual harassment reported, during the audit period. Twenty cases were found to be unsubstantiated. All 22 cases in the above referenced investigations received a full protocol, meaning, based on post allegation preliminary interviews, it was determined that the allegation warranted further investigation. A review of five investigative files reveals that, in all full protocol cases, inmates were informed of the decision related to their allegation either at BSP, but usually at another NJ DOC facility pursuant to the PCS.001.PREA.EMS data monitoring protocols. BSP reported that no criminal investigations were completed by an outside agency. Facility compliance with Standard 115.73 was determined by a review of policy and investigative documentation and staff interviews.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, IMM.001.PSA.001, and E3-HRB 84-17 are broad guiding principles regarding PREA related staff disciplinary actions. The Human Resource Bulletin 84-17 Disciplinary Action Policy pre-dates PREA and does not directly address definitive disciplinary sanctions for PREA violations. The "bulletin" does, however, outlines broad ranges of sanctions depending

on the severity of charges relating to all aspects of employment. Specifically, the “bulletin” addresses supervisory sexual harassment.

Policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual misconduct, and sexual harassment policies and for failing to report. The NJDOC will fully investigate and aggressively prosecute those who are involved in such conduct if, in fact, a crime has been committed. Any staff who is terminated for a violation of the zero-tolerance prison sexual assault policy shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. An employee, contractor or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report, may face disciplinary charges, up to and including dismissal, even on a first offense.

All employees are subject to administrative disciplinary sanctions for violating agency sexual abuse/sexual harassment policies. The Collective Bargaining Agreements with the NJDOC allow for disciplinary sanctions against staff, including termination, for the sexual abuse/sexual harassment of an inmate. All terminations for violations of agency sexual abuse/sexual harassment policies, or resignations by staff in lieu of termination, may be reported to criminal investigators and to any relevant professional, certifying, or licensing agencies, unless the activity was clearly not criminal.

Practice(s):

During the audit period, 12 allegations alleged staff perpetrators. Ten allegations were deemed unsubstantiated; one unfounded, and one pending an outcome during the time of the on-site audit. BSP reported on the PAQ that there were no cases, during the audit period, of staff discipline or terminations for violation of sexual abuse policies. Facility compliance with this standard was determined by a review of policy and documentation and staff interviews.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, and IMM.001.PSA.001 address the requirements of standard 115.77. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. A contractor or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report, may face disciplinary charges, up to and including dismissal, even on a first offense. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

Practice(s):

During the audit period, there were no reports of sexual abuse by contractors or volunteers for violating agency sexual abuse/sexual harassment policies during the period covered by the audit. The facility reported there were no remedial measures warranted against contractors or volunteers for violating agency sexual abuse or sexual harassment policies. BSP's compliance with Standard 115.77 was determined by a review of NJ DOC policies, facility reporting, as well as interviews with the Human Resource Manager and PREA Compliance Manager.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

NJAC 10A, Chapter 4 relates to inmate discipline in the NJ DOC. Subchapter 12 and policy IMM.001.004, discuss zero tolerance offenses for which an inmate in the NJDOC may be charged. The zero tolerance offenses listed in the NJAC 10A, Chapter 4 include behaviors enumerated in the PREA. Inmate prohibited acts listed include unauthorized physical contact with a person that was not initiated by staff, sexual assault, engaging in sexual acts, making sexual proposals, and indecent exposure. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. There is no mention of sanctions being commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the NJAC.

NJDOC IMPs do not cover the following PREA issues: the disciplining of inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation; whether the disciplinary process considers whether an inmate's mental disabilities, mental illness or behavioral issues contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

Practice(s):

There were no substantiated findings of inmate sexual abuse or inmates being disciplined for sexual abuse for the applicable audit period. Interviews with the Principal Investigator and the IPCM, the lack of disciplinary findings for the applicable audit period, and a review of investigative files confirmed BSP's technical compliance with this standard. The governing

policies on this standard should be enhanced to include all PREA deliverables related to inmate discipline.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

MED.MHS.001.002, and the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist address the requirements of this standard. A clinical interview, which will be documented on the Mental Health Clinical Intake form, should include compliance with current PREA standards for screening for risk of sexual victimization and abusiveness and recommendation for PREA status when appropriate. The PREA standards are reflected in the EMR encounters for nursing, provider and psychological intake and ongoing PREA monitoring.

Practice(s):

The facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued re-assessment and follow-up services. Information is maintained in the EMR PREA Monitoring Module and data is accessible and tracked using the process described in the policy on the PREA E-Management System. The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist directs that if screening indicates that an inmate has experienced prior victimization or perpetrated abusiveness, whether in an institutional setting or the community, healthcare staff will ensure the inmate is seen for a follow-up mental health meeting within 14 days of the screening. Treatment services are offered without financial cost to the inmate. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by healthcare staff, during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community.

The auditor sampled five cases referred during the initial screening process. These cases were assessed in prior screenings as having experience previous sexual victimization. The auditor determined that all cases were offered follow-up mental health services. In the above referenced cases, inmates identified during screening as having previously perpetrated sexual

abuse were offered follow-up mental health services. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for determining treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consent forms are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. BSP does not house inmates under the age of 18. Facility compliance with Standard 115.81 was determined by a review of policy and documentation and staff and inmate interviews.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy:

MRD.MLI.007 and MED.IMHC.010 Co-Pay address the requirements of Standard 115.82. The NJ DOC mandates that medical and health care services be available in all Operational Units housing inmates and in compliance with any existing PREA standard. Policy excludes co-pays for emergency services. It is recommended however, that the governing policy specifically excludes emergency treatment due to sexual abuse, to victims at no financial cost. Policy requires 24 hours per day, 7 days per week emergency medical, and mental health care. A physician will be available twenty-four hours a day, seven days a week for consultation. On-call physician's schedules with pager/telephone numbers and pertinent names and telephone numbers of local emergency medical services to be used will be accessible to the medical staff. Policy requires accurate, timely reporting, investigation and notification of appropriate staff and family of all critical illnesses, injuries or deaths. Emergency cardiopulmonary resuscitation (CPR) will be available from trained custody and healthcare staff. Properly trained custody and healthcare staff will carry out emergency medical transfer procedures.

The New Jersey Department of Corrections also mandates that the healthcare staff shall follow the institution's written plan for responding to allegations of sexual assault of inmates. The assaulted inmate will be transported to an Emergency Department properly equipped to assess (i.e. SANE Nurse), treat, and provide required prophylaxis, contraceptives, pregnancy termination counseling and gathering of forensic evidence. Healthcare staff shall not be involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. Such care may include the control of bleeding or stabilizing of other injuries incurred, but most frequently would involve emotional support and understanding.

Practices:

The facility medical and mental health personnel provide services to BSP. Medical personnel are available 24 hours per day, seven days a week and are available for consultation or call-back. Mental health providers are on-site five days per week and are also available for call-back on off duty hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services at BSP or are transported to a hospital in the community when health care needs exceed the level of care available within the facility. Victim advocacy is offered through community providers. There is no financial cost to the inmate for emergency services, but policy does not specify a PREA victims' exclusion from co-pays. All sexual abuse related emergency medical or mental health

care or victim advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation are excluded from financial costs to the inmate. There were no allegations of sexual abuse that required referral for forensic evidence collection by a SANE during the applicable audit period. If necessary, inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Facility compliance with this standard was determined by a review of policy, documentation and interviews with a medical and mental health staff.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

MED.MHS.002.010 addresses the requirements of Standard 115.83. In accordance with PREA standards, mental health staff will conduct an evaluation of all known inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. The New Jersey Department of Corrections also mandates that the healthcare staff shall follow the institution's written plan for responding to allegations of sexual assault of inmates. The assaulted inmate will be transported to an Emergency Department properly equipped to assess (i.e. SANE Nurse), treat, and provide required prophylaxis, contraceptives, pregnancy termination counseling and gathering of forensic evidence.

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

health departments and offers sexual abuse victims with medical and mental health services consistent with the standard of care available in the community.

Practice(s):

BSP is an all-male facility. There were no substantiated cases of sexual abuse, during the applicable audit period. During the on-site audit, it was verified that ongoing medical and mental health follow-up is provided to alleged victims, while incarcerated. Testing for sexually transmitted infections are offered as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known inmate-on-inmate abusers at least within 60 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. Facility compliance with this standard was determined by a review of policy and documentation and specialized staff interviews.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

IMM.001.004, PCS. 001.PREA.001, and PCS.001.PREA.ICM address the requirements of this standard. A Sexual Assault Advisory Council (SAAC) is a council which convenes at the facility and headquarters levels to review all allegations and instances of sexual abuse/sexual harassment with the purpose of assessing and improving PREA prevention, detection, and response; and to review on a case by case basis, housing requests for transgender/intersex inmates based on gender identity. The facility IPCM convenes an institutional level sexual assault review of the substantiated and unsubstantiated sexual assault allegations within 30 days of the

completion of the investigation by the SID. The review is held in accordance with PREA Standard 115.86 and COHQ's Sexual Assault Advisory Council's procedures and review form. A copy of the signed review committee form will be maintained by the Compliance Manager and placed in Folder 115.86 on the DOCNet I drive.

Practice(s):

Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The facility SID investigators and/or the County Prosecutor's office conduct all investigations. Interviews with the Principal Investigator, mental health staff, and the IPCM confirmed that they were knowledgeable concerning the requirements of the incident review facet of the PREA. The facility conducts a sexual abuse incident review after every sexual abuse full protocol investigation, unless the allegation was determined to be unfounded. The incident review process at the facility level is directed by the IPCM. Based on a review of the SAAC documentation, incident reviews were conducted on 20 closed unsubstantiated cases applicable for the review period. When conducting incident reviews, consideration was given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. The incident reviews also note whether additional monitoring technology or staffing should be added to enhance inmate supervision. BSP's compliance with this standard was determined by a review of policy and other pertinent supporting documentation, SAAC documentation, and interviews with the facility Administrator, the Principal Investigator, and the IPCM.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PCS.001. PREA.001 addresses the requirements of Standard 115.87. As confirmed by a review of support documentation, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facility’s PREA E-Management system. The NJ DOC headquarters level staff oversees the data collected and maintains the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Agency compliance with this standard was also determined by a review of policy and tracking documentation and staff interviews.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

PCS. 001.PREA.001 addresses the requirements of Standard 115.88. The NJ DOC's SAAC and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action, if needed. The facility Administrator and IPCM forwards data to the headquarters level SAAC and PREA Coordinator. An Annual Report is prepared and placed on the departmental website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.state.nj.us/corrections. Facility compliance with Standard 115.88 was determined by a review of policy, a review of data, and staff interviews.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

PCS.001.PREA.EMS addresses the requirement of Standard 115.89. The NJ DOC PREA Coordinator reviews data compiled by each NJ DOC facility, via the PREA Tracking System. The system interfaces with the department's ITag and EMR in real time. The PREA E-Management System addresses the broad areas of prevention, detection, and response to allegations of sexual victimization. The SAAC issues a report to the headquarters level staff using PTS data on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the agency's public website after removing all personal identifying information. The required reports cover all data required in this standard and are retained in a file. Agency compliance with this standard was determined by a review of policy and documentation and staff interviews concerning data protection practices.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The last BSP PREA audit was conducted in July 2016. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. BSP also allowed the auditor to conduct private interviews with both inmates and staff. Document submittals were reviewed for the applicability to the PREA standards. Interview results were cross-referenced to physical and documentary evidence. Agency PREA policy development is a perpetual process. PREA standards are currently being consolidated into one comprehensive policy. Corrective actions taken by the facility were characterized by enhancing information dissemination relative to outside advocacy and ensuring agency policies specifically address all processes included in standards. It is recommended that policy language directly coincides with processes included in PREA standards. Policy language stated in a definitive manner will assist in a more efficient evaluation process. The corrective actions required did not present impactful defects in internal controls or performance issues. The facility and agency have fully institutionalized the objectives of the PREA.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

BSP has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with all PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of their completion. The public has access to reporting mechanisms and NJ DOC PREA trends data via the agency's website. BSP currently meets 45 applicable standards.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Donald Chadwick

07/18/2019

Auditor Signature

Date

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

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