

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: October 20, 2016

Auditor Information			
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Telephone number: 301-468-6535			
Date of facility visit: October 4-5, 2016			
Facility Information			
Facility name: Central Reception and Assignment Facility (CRAF)			
Facility physical address: 2301 Stuyvesant Avenue, Trenton, NJ 08625			
Facility mailing address: <i>(if different from above)</i> P.O. Box 7450, Trenton, NJ 08625			
Facility telephone number: 609-984-6000			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Robert Buechele, Administrator			
Number of staff assigned to the facility in the last 12 months: 384			
Designed facility capacity: 690			
Current population of facility: 704			
Facility security levels/inmate custody levels: All security/custody levels			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Lisa Schofield		Title: Assistant Administrator	
Email address: lisa.schofield@doc.nj.gov		Telephone number: 609-984-6000	
Agency Information			
Name of agency: New Jersey Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> state of New Jersey			
Physical address: Whittlesey Road, Trenton, New Jersey 08625			
Mailing address: <i>(if different from above)</i> P.O. Box 863, Trenton, New Jersey 08625			
Telephone number: 609-292-4036			
Agency Chief Executive Officer			
Name: Gary M. Lanigan		Title: Commissioner	
Email address: gary.lanigan@doc.nj.gov		Telephone number: 609-292-4036	
Agency-Wide PREA Coordinator			
Name: Jennifer Malinowski		Title: Director of Policy and Planning	
Email address: jennifer.malinowski@doc.nj.gov		Telephone number: 609-292-4036	

AUDIT FINDINGS

NARRATIVE

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Central Reception and Assignment Facility (CRAF), New Jersey Department of Corrections (NJDOC) was conducted on October 5-6, 2016. Prior to the audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive supportive documentation for the responses to the questionnaire. The documentation was discussed with the facility PREA Manager before the on-site visit.

An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and to finalize the facility tour and interview schedules. The following persons were in attendance: the Administrator, Assistant Administrator/PREA Manager, PREA Coordinator, a Management Analysis and a Lieutenant. A comprehensive tour of the facility and the adjacent minimum-security unit (Jones Farm) was completed. The tour included the facility's intake area, all housing units, the restricted housing unit, health care, recreation, food service, maintenance support, and education/ programming areas. During the tour, there were multiple video cameras with recording capabilities, PREA information postings and staffing provided a safe environment for inmates and staff. PREA signs were posted, in English and Spanish, throughout the facility that provided PREA reporting methods, the zero tolerance policy and other contact information. Audit notice postings with the PREA auditors' contact information were also located in the same areas. The auditor did not receive any letters regarding PREA during this process. Both the CRAF and Jones Farm were clean, orderly and quiet.

Seventeen randomly selected staff were interviewed which included employees from several departments to include correctional officers and supervisors from all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a facility's coordinated response. Specialized employees were interviewed and included the Administrator, Assistant Administrator/PREA Manager, Health Services Supervisor, the PREA Coordinator, a Management Analysis, one investigator, the Volunteer Coordinator, the Social Work Supervisor, one volunteer and one contractor. All persons interviewed demonstrated an understanding of the PREA and their responsibilities under the PREA compliance program, relative to their position in the organization and employment status.

Fifteen randomly selected inmates from all housing units were interviewed. One inmate self-identified as being limited English Proficient and nine inmates had previously reported an allegation of sexual abuse. No inmates self-identified as Gay, Bi-sexual, Transgender or Intersex. The total number of inmates interviewed included several housed at Jones Farm. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention, protection and reporting mechanisms and stated they felt safe at the facility. No inmates refused to be interviewed.

A review of the investigative files opened during the past 12 months alleging sexual abuse or sexual harassment was conducted. There were six allegations by inmates of inmate on inmate sexual abuse/assault. There were no forensic evidence collections by a SANE (Sexual Abuse Nurse Examiner) provider in the community. All investigations were completed promptly, thoroughly and were well documented. There were no staff on inmate or inmate on staff allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS

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 and appropriate treatment of offenders.

The Central Reception and Assignment Facility (CRAF) is located on the grounds of the Trenton Psychiatric Hospital, which is situated in the northwest corner of the city of Trenton, New Jersey, straddling the border with Ewing Township. The facility was constructed between the years of 1913 thru 1929, originally as part of the state hospital. The CRAF opened as a stand-alone reception facility in the fall of 1997 and serves as the NJDOC's main intake (classification) facility for adult male offenders only. The video monitoring system includes 113 cameras with recording capabilities. The CRAF is a medium/maximum security facility, which includes a minimum-security unit known as Jones Farm. Jones Farm houses non-violent, short-term inmates, who work at the CRAF or in the local community. The facility also maintains a permanent inmate population of approximately 110 inmates housed in the CADRE unit who perform a variety of jobs at the CRAF including work assignments in the cookhouse (food service), inside sanitation, canteen, legal services, the laundry and other facility support programs. The facility is responsible of providing daily intake examinations including medical, dental, educational, classification and psychological evaluations as part of the classification process. Once this process is completed, CRAF officers then transfer inmates to a facility that best suits their security, educational, medical, and psychological or other needs, usually within a few days. The CRAF also houses parole violators awaiting a revocation hearing or other disposition. Over 9,000 inmates are processed through the CRAF annually.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Administrator and other staff to discuss audit findings. The facility was found to be in full compliance with the PREA. One standard was also determined to be not applicable and one standard was found to exceed the standard requirements. All interviews also supported compliance. The facility employees were extremely courteous, cooperative and professional. Staff morale appeared to be high and the observed staff/inmate interactions appeared to be appropriate. All areas of the facility appeared to be clean and reasonably well maintained, especially considering the age of the facility. At the conclusion of the audit, the auditor thanked the Administrator and staff for their hard work and dedication to the PREA audit process.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

NJDOC policies 001.004, 001.PSA.001 and 001.PREA.01 address the requirements identified in the standard. The agency has appointed a Director as their NJDOC PREA Coordinator. The Administrator assigned the Assistant Administrator as the institution PREA compliance manager (IPCM). The IPCM reports directly to the Administrator regarding all PREA related concerns. Interviews with the PREA Coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed verbally and by the handbook about the zero-tolerance policy and the PREA program during in-processing procedures, by viewing a video and during admission and orientation procedures. The video is in English and in Spanish and is shown several times a day on the CRAF TV channel. Inmates also receive a PREA pamphlet. All written documents are available in English and Spanish. Other interpretive services are available for inmates who do not speak or read English or Spanish. All interviews with staff, the volunteer, the contractor and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The agency meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates ("halfway houses" and similar programs) to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The CRAF does not contract for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NJDOC policies 001.011, 001.SEA.001 and 001.012 address the requirements of the standard. A review of the staffing plan for the previous 12 months confirmed that PREA issues were considered when filling positions. Interviews with the Administrator and Assistant Administrator confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan on a regular basis. The IPCM is a member of the committee that reviews staffing and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies or findings of inadequacy from internal or external oversight bodies. All essential posts are filled each shift and no essential posts are kept open for salary savings. Overtime is used as needed. A review of the unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors (Majors) conduct and document unannounced rounds. Staff do not alert other employees regarding unannounced rounds. Interviews with housing unit officers confirmed that unannounced rounds are conducted by administrative staff with no warning.

Standard 115.14 Youthful inmates

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

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Not-applicable. The facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

NJDOC Basic Course for SCO-Instructional Unit 10.6 Search of Persons addresses the requirements of the standard. The facility's rated capacity exceeds 50 inmates and neither the CRAF or the Jones Farm house female inmates. Neither facility permits cross-gender strip searches nor cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity searches conducted in either facility during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of "strip searches" of the inmates of the opposite sex except in exigent circumstances. Staff interviews confirmed that female officers are trained to conduct cross-gender pat searches. Interviews with the male inmates confirmed that none of them had been strip searched by female officers. Inmate interviews revealed they are not delayed or prohibited from attending regular programming due to searches. Observations of all housing units, inmates are permitted to shower, perform bodily functions and change clothing without cross-gender viewing of their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The agency and

facility have policy and procedures requiring staff of the opposite sex to announce their presence when entering the housing unit. Inmate interviews confirmed that female employees announce their presence when entering housing units, which was also observed during the tour of both facilities. Staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no self-identified Transgender or Intersex inmates housed either at the CRAF or at Jones Farm during the audit. Interviews with inmates confirmed that most had been pat-searched by female officers and the search was conducted in a professional and respectful manner, and in the least intrusive manner possible. Staff interviews and a review of policy/documentation confirm compliance with this standard.

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

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

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

NJDOC policies 004.001 and 002.003 address the requirements of the standard. Through policy and practice, 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. All PREA related information, including postings; brochures and handouts are available in English and in Spanish. Telephonic/video translation services are available through Language Line Solutions for inmates who are not English proficient. The facility also has employees who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first-responder duties or the investigation of an inmate's allegations. Interviews with first responders, medical, mental health, investigative staff and a review of policy confirmed their awareness of the prohibition for using inmate interpreters for PREA functions. An interview with a non-English proficient inmate confirmed the availability of translation services.

Standard 115.17 Hiring and promotion decisions

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

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

NJDOC policies 001.001 and 006.007 govern the requirements of the standard. All employees who have contact with inmates have a full field background investigation, which includes finger printing and inquiry into federal and state data banks. Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. 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 sexual abuse in a prison, jail, lockup,

community confinement facility, juvenile facility or other institution. This prohibition includes anyone 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 or has been civilly or administratively adjudicated to have engaged in such activity. The facility considers all 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. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct, or the providing of materially false information, is grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse/harassment or resignations, which occurred during a pending investigation of sexual abuse/harassment. The agency may 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. The agency notifies appropriate licensing/certifying agencies when professional staff are terminated for substantiated allegations of sexual abuse or harassment.

Standard 115.18 Upgrades to facilities and technologies

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

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

The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012. However, there has been the installation or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012. The facility has also requested additional cameras.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

NJDOC policies 006.SID.035, MED.MIL.007 and MED.MIL.005 address the requirements of the standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Employees were aware the Special Investigative Division (SID) staff conducted investigations relative to sexual abuse allegations. The agency follows a similar 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". Victims of sexual assault are referred to health services for the initial examination and treatment. Such treatment would be for life preservation only, the victim would then be transported to a local hospital for further examination, treatment, and forensic evidence gathering by a SANE (Sexual Assault Nurse Examiner) trained nurse. These services are required by state law, and do not require a Memorandum of Understanding or similar agreement. The SART (Sexual Abuse Response Team) would be activated, if needed. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim. The facility also has

access to a local victim advocacy organization if needed. Mental health staff members may also act as victim advocates. The appropriate staff may provide follow up mental health services. Routinely, trained investigators (SID) who are full time employees of the facility conduct all investigations. The local prosecutor's office investigators may also be involved in criminal investigations. A review of training records confirmed that the SID employees have received training on the investigation of sexual abuse and harassment in confinement settings. The SANE nurse and local victim advocate were interviewed and confirmed compliance to this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

NJDOC policies 006.SID.014, 006.SID.035 and 006.011 cover the requirements of the standard. Policy requires administrative and/or criminal investigations to be completed on all allegations of sexual abuse/harassment. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be investigated, local law enforcement advised and the county prosecutor would be contacted. An SID investigator was interviewed and was aware of his responsibilities in the investigative process. A review of training documents also confirmed that facility investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

Standard 115.31 Employee training

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

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

NJDOC policies 001.004 and 010.004 address the requirements of the standard. All NJDOC employees receive extensive PREA training are provided a pamphlet outlining the important aspects of the zero-tolerance policy and other information. Training addresses all of the topics identified in the standard. The PREA training is also provided annually. The review of lesson plans, training logs and PREA presentations confirmed that the provided training addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. As confirmed by observation, all staff are issued pamphlets detailing their duties and responsibilities related to the PREA. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training initially and annually.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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NJDOC policies 001.VOL.001, 002.005 and 006.007 address the requirements of the standard. The review of volunteer and contractor PREA training sign in forms and a review of the information covered 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. All training is documented. Staff, contractor and volunteer interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities under the program. The review of the PREA contractor and volunteer training presentation confirmed that the level of training is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies.

Standard 115.33 Inmate Education

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

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NJDOC policies Orientation at CRAF (video), Orientation at Receiving Facility, PREA-What You Need to Know (video), the Inmate Handbook and a SAFE handout address the requirements of the standard. During in-processing procedures, each inmate receives written and video information describing the agency's entire PREA compliance policy and procedures. The orientation process identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual harassment and multiple ways to report sexual abuse/harassment. The information also informs the inmate that female staff routinely work and visit the housing units. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view comprehensive orientation videos that explain the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. A video is also shown several times a day on the CRAF TV channel that covers PREA issues. Inmates also have access to a computer program (kiosk) which also provides a reporting outlet. Staff and telephonic/video translation services are available to inmates who are not proficient in English. Inmate interviews confirmed that they received extensive PREA information and they were aware of numerous reporting methods to include anonymous and third party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters are prominently displayed in all housing units and common areas. Other staff interviews and a review of policy/documentation confirm exceeding compliance to this standard.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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NJDOC PowerPoint presentations on the processing of sexual assault cases, crime scene preservation, SID training and sexual assault protocol address the requirements of the standard. The SID staff and local criminal investigators have received PREA specialized training provided by the NJDOC and county prosecutor. The auditor reviewed specialized training documentation, to include the SID training curriculum and interviewed SID staff, who confirmed the required level of training received. Administrative and criminal investigations will be conducted by trained investigators who are full time employees of the facility. When criminal investigations are indicated, local police investigators may also be involved in the process.

Standard 115.35 Specialized training: Medical and mental health care

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

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NJDOC PowerPoint presentations on PREA training for medical staff cover the requirements of this standard. When required, both medical and mental health providers are available to address allegations of sexual abuse/harassment. The review of medical and mental health personnel training records confirmed that health care staff receive extensive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. The review of training records confirmed that all mental health and medical staff have received specialized training on victim identification, interviewing, reporting and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a local hospital where SANE nurses are available at all times (a SART would also be activated). Interviews with a SANE nurse, medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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NJDOC policies MED.IMA.001 and MED.MHS.002 address the requirements of the standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the receiving and admission
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area. Also during in-processing procedures, all inmates are asked to provide information in compliance with the requirements of this standard. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. A nurse and social worker screen all new arrivals within the first 72 hours of the inmate's arrival, ordinarily within four hours of admission. A review of documents confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates are referred to a mental health professional and all received further assessment. Staff conduct screenings by reviewing records or other information from other facilities (usually from local jails). Staff review all relevant information from other facilities and continue to reassess an inmate's risk level within 30 days of his arrival, unless he is transferred. Staff and inmate interviews, a review of documentation and observations of the intake process confirmed this information. Information received during the screening is only available to staff with a need or right to know and never to other inmates.

Standard 115.42 Use of screening information

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

NJDOC policies 002.INT.001 and 005.001 address the requirements of the standard. Risk screening information is used to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. A committee at the NJDOC level decides whether to assign a Transgender or Intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for Transgender or Intersex inmates on a case-by-case basis and whether a placement would ensure the inmate's health, safety and whether the placement would present management or security problems. Placement and programming assignments for each Transgender or Intersex inmates would be reassessed at least once every six months. Transgender or Intersex inmate's own views with respect to his or her own safety would be given serious consideration when making these assignments. By policy, Transgender and Intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates. There were no Transgender or Intersex inmates housed at the CRAF during the audit. An interview with the PREA Coordinator confirmed the aforementioned information and that a Transgender or Intersex inmate's genital status is not the sole criteria for placement in a specific facility. Other staff interviews and a review of policy/documentation confirm compliance to this standard.

Standard 115.43 Protective custody

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

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

NJDOC policies 019.002, 019.PCS.001 and 019.ADM.TCC.001 address the requirements of the standard. The CRAF does not operate a special housing unit (SHU) which would be considered for protective custody. Policy states inmates at a high risk for sexual victimization shall not be placed in involuntary SHU status unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. When protection from an alleged abuser is necessary, the inmate would be secured in a

single cell (restricted housing status) and then quickly transferred to another facility. Interviews with staff and an inspection of the restricted housing “tier” confirmed compliance to this standard. The facility would document the entire process to protect the inmate. Mental health and medical staff would be consulted if necessary to ensure the health and safety of the inmate. Other staff interviews and a review of policy/documentation confirm compliance to this standard.

Standard 115.51 Inmate reporting

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

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

NJDOC policies 002.001, 001.PSA.001 and 001.PREA.OMB address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party and anonymously) for inmates to report sexual abuse or harassment. Inmates are informed about the reporting methods through the Inmate Handbook, postings in the housing units and common areas and as part of the orientation video. Inmates also have access to a computer program (kiosk) which also provides a PREA reporting outlet. During the tour of the facility, kiosk terminals were observed in the housing units. The tour of the facility also confirmed that there were numerous posters and other documents on display, explaining the reporting procedures. Staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Staff are required to immediately document any allegation. Family and friends of inmates may also report sexual abuse/harassment by using the NJDOC website or by calling or writing staff. All inmates interviewed confirmed that they were aware of several methods of reporting sexual abuse/harassment allegations. Inmates are not detained solely for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

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

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

NJDOC policies 002.001 and 002.IRS.001 address the requirements of the standard. Any grievance alleging a PREA violation would result in the opening of a formal investigation. However, inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Allegations of physical abuse by staff shall be referred for investigation in accordance with procedures established for such referrals (may also involve local law enforcement). Policy addresses the filing of emergency grievance requests. The facility does not prohibit or limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, to assist inmates in filing grievances relating to allegations of sexual abuse and are permitted to file such requests on behalf of inmates. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse,

where the agency demonstrates that the inmate filed the grievance in bad faith. There were no allegations of sexual abuse/harassment made using the grievance process over the previous 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

NJDOC policies MED.MIL.007 and a SAFE handout cover the requirements of the standard. Confidential counseling services are available through trained staff or may be provided by a local victim advocacy organization. The facility enables reasonable communication between inmates and outside organizations and agencies in as confidential a manner as possible. Inmates are informed during the orientation process that all mail and telephone calls are subject to monitoring. Postings in the housing units and common areas and the Inmate Handbook provide information and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to outside entities. No inmates housed in this facility are detained solely for civil immigration purposes. Staff and inmate interviews and a review of policy/documentation confirm compliance to this standard.

Standard 115.54 Third-party reporting

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

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

Information contained on the NJDOC website and posted notices address the requirements of the standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with staff and inmates confirmed that they were aware that anonymous and third party reporting procedures were available. An interview with the facility SID investigator confirmed that third party allegations would be investigated.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

NJDOC policies 001.PSA.001, 001.VOL.001 and PREA information for contractors address the requirements of the standard. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. The reporting is ordinarily made to the shift supervisor. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be limited to staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees, a contractor and a volunteer confirmed they were aware of their reporting duties. Additional compliance with all aspects of the standard was verified through document and policy review. The facility does not house inmates under the age of 18.

Standard 115.62 Agency protection duties

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

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

NJDOC policy 001.PSA.001 covers the requirements of the standard. Staff interviews confirmed they were aware of their responsibilities when they become aware or suspect that an inmate is being sexually abused and/or sexually harassed. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser and calling for assistance. No staff indicated that it was necessary to take these steps within the last year. All staff are issued a pocket size PREA information document that outlines their responsibilities and provides additional information. A review of documentation/policy also confirmed compliance to this standard.

Standard 115.63 Reporting to other confinement facilities

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

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

NJDOC policy 001.PREA.ICM addresses the requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Administrator of the facility where the incident is alleged to have occurred, by the Administrator of the facility in which the inmate is currently housed. When the inmate reports sexual abuse/harassment from jails and "half-way houses", the Administrator contacts the facility as required. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the audit period, there was one inmate who alleged that they were sexually abused/harassed at another facility, resulting in a notification. The Administrator maintains a log of such notifications. When notified by other Administrators that an inmate alleges they were sexually abused/harassed at the CRAF, the Administrator would initiate an investigation.

Standard 115.64 Staff first responder duties

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

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

NJDOC policies 001.CSM.001 and 001.PSA.001 address the requirements of the standard. All staff interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. All staff indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence and contact their supervisor immediately. All staff are issued a pocket sized PREA information document for quick reference. Policy review and inmate/staff interviews also confirm compliance to this standard.

Standard 115.65 Coordinated response

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

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

NJDOC policies 001.CSM.001, MED.MIL.007 and SID 014 Procedures address the requirements of the standard. A PREA information document issued to all employees also provides guidance regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers/advocates, the SART and facility leadership. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

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

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

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

corrective actions taken by the facility.

The Collective Bargaining Agreements between the NJDOC and eight employee unions were reviewed and does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates.

Standard 115.67 Agency protection against retaliation

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

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

NJDOC policies 001.PSA.001 and 001.PREA.ICM address the requirements of the standard. The Administrator has appointed the Assistant Administrator as the Retaliation Monitor. When interviewed, the Retaliation Monitor stated monitoring would occur for a minimum of at least 90 days, unless initial monitoring indicates a continuing need. This monitoring may last indefinitely and would be documented. Periodic monitoring would include a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews. There were no incidents of retaliation reported for the year prior to the audit.

Standard 115.68 Post-allegation protective custody

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

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

NJDOC policies 019.002, 019.PCS.001 and 019.ADM.TCC.001 address the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/harassment. Staff must first consider other alternatives based on the circumstances of the allegation before transferring the inmate to another facility. Interviews with staff and the tour of the facility confirmed that there are viable alternatives to placing victims of sexual abuse/harassment in formal protective custody. Inmates who allege to have suffered sexual abuse would be placed in a restricted housing cell for immediate protection. The CRAF has no special housing unit, and does not place inmates in protective custody status. The affected inmates would be transferred immediately to another facility. Over the previous 12 months there were no inmates transferred for the issues referenced in this standard. A review of policy also supports compliance to this standard.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

NJDOC policies 006.011, 001.CSM.01, SID 035 and SID 014 address the requirements of the standard. The institution’s Special Investigation Division (SID) conducts criminal and administrative investigations within the facility (local law enforcement may also be involved). Although there were six allegations of inmate on inmate sexual assault made over the previous 12 months, none resulted in a referral for criminal investigation. The credibility of an alleged victim, suspect and/or witness is assessed on an individual basis. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The review of six case files of alleged sexual abuse/harassment by inmates revealed that all investigations were completed promptly and thoroughly. A review of policy, documentation and an interview with SID staff confirmed compliance to this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The NJDOC PowerPoint PREA training for SID addresses the requirements of the standard. The evidence standard is a “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators were aware of the evidence standard.

Standard 115.73 Reporting to inmates

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

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

NJDOC policies 001.PREA.AC and 001.PREA.ICM address the requirements of the standard. The facility conducts criminal and administrative investigations. There were six allegations of inmate on inmate sexual abuse/harassment over the previous 12 months. A review of documentation confirmed that in all six instances, the inmate was informed in writing regarding the results of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

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

NJDOC Human Resources Bulletin 84-17 addresses the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff and in the past 12 months, no employees were disciplined or terminated for violation of agency policy. The Collective Bargaining Agreements between the NJDOC and eight employee unions does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations in lieu of terminations are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the NJDOC, unless the activity was clearly not criminal. Interviews with staff and a review of policy confirm compliance to this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

NJDOC policies 001.003, 001.VOL.001 and PREA Information for Contractors address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures, and consider whether to prohibit any further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment.

Standard 115.78 Disciplinary sanctions for inmates

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

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

NJDOC policies Handbook of Discipline for Inmates and NJAC 10A:4-1.3 cover the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force as a very serious prohibited act. Consensual sex of any nature is prohibited, but does not constitute sexual abuse. Sanctions are 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 by the Inmate Discipline Program. The CRAF does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators and other staff and a review of policy confirmed compliance to this standard. The disciplinary process considers whether an inmate's mental disabilities or mental illness 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.

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

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

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

NJDOC policy MED.MHS.001.002 addresses the requirements of the standard. Interviews with medical, mental health and specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. The review of completed medical and mental health forms confirmed that inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. As confirmed by observation and a review of intake processing documents, screening for prior sexual victimization in any setting is conducted by medical and social worker staff during in-processing procedures. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner, which may occur at another institution after transfer. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Informed consents are obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting, in accordance with state regulations. The facility does not house inmates under the age of 18.

Standard 115.82 Access to emergency medical and mental health services

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

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

mental health staff provide services to both the main facility and the minimum security Jones Farm. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care at the facility. Victim advocacy is offered through a community provider or trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical, mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. 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. Follow up mental health and medical services and follow up testing and treatment for sexually transmitted diseases would be provided at the CRAF or at the facility designated for the service of the remainder of the sentence. Within the last year, there were no inmates requiring a SANE exam or the activation of a SART.

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

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

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

NJDOC policy MED.MHS.002.010 addresses the requirements of the standard. As confirmed by the review of policy and documentation, the facility offers 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. 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 a fully staffed medical and mental health department and offers sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Offenders, if abused while incarcerated, would be offered testing for sexually transmitted infections 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 within 30 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. The facility does not house female or youthful inmates. Interviews with staff also confirm compliance to this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

NJDOC policies 001.005 and 001.PREA.001 address the requirements of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SID investigators conduct all investigations, and may request

assistance from local law enforcement officials. An interview with the SID investigator confirmed that he was knowledgeable concerning the requirements of the program, and that he would provide information to the incident review team. The CRAF conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The review team consists of executive level staff assigned by the Administrator. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The facility implements the recommendations for improvement, or documents its reasons for not doing so. All required reviews were completed in a timely manner. The Assistant Administrator was interviewed, and confirmed compliance to this standard.

Standard 115.87 Data collection

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

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

NJDOC policy 001.005 addresses the requirements of the standard. As confirmed by observation and review of documents, the CRAF 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 facility's SID staff and the NJDOC's computerized data management program. The data collected includes 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.

Standard 115.88 Data review for corrective action

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

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

NJDOC policy 001.005 addresses the requirements of the standard. The agency and the CRAF review and assess 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 PREA Manager forwards data to the PREA Coordinator for analysis and further processing. An annual report is prepared and placed on the NJDOC website. The auditor reviewed the annual report data.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

NJDOC policy 001.005 addresses the requirements of the standard. The PREA Coordinator reviews data compiled by each facility and issues a report to the Commissioner on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is maintained securely and is published on the website after removing all personal identifying information. The required reports cover all data noted in this standard, and is maintained in a secure file.

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.



October 19, 2016

Auditor Signature

Date