

PREA Facility Audit Report: Final

Name of Facility: William H. Fauver Youth Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/21/2022

Date Final Report Submitted: 04/25/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Donald Chadwick	Date of Signature: 04/25/2022

AUDITOR INFORMATION	
Auditor name:	Chadwick, Donald
Email:	dchadwick@dcandeval.com
Start Date of On-Site Audit:	08/10/2021
End Date of On-Site Audit:	08/12/2021

FACILITY INFORMATION	
Facility name:	William H. Fauver Youth Correctional Facility
Facility physical address:	31 Petticoat Lane, Annandale, New Jersey - 08801
Facility mailing address:	

Primary Contact	
Name:	Christopher Ilg
Email Address:	Christopher.Ilg@doc.nj.gov
Telephone Number:	908-638-6191 x 7659

Warden/Jail Administrator/Sheriff/Director	
Name:	Keisha Fisher
Email Address:	Keisha.Fisher@doc.nj.gov
Telephone Number:	908-638-6191 x7659

Facility PREA Compliance Manager	
Name:	Christopher Ilg
Email Address:	christopher.ilg@doc.nj.gov
Telephone Number:	O: (908) 638-7623

Facility Health Service Administrator On-site	
Name:	Juliette Johnson
Email Address:	Johnsoja1@ubhc.rutgers.edu
Telephone Number:	908-638-6191 x 7575

Facility Characteristics	
Designed facility capacity:	643
Current population of facility:	165
Average daily population for the past 12 months:	392
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 to 30 years
Facility security levels/inmate custody levels:	Full Minimum, Gang Minimum, Medium and Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	354
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	New Jersey Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	Whittlesey Road, PO Box 863, Trenton, New Jersey - 08625
Mailing Address:	
Telephone number:	609-292-4036 x5579

Agency Chief Executive Officer Information:	
Name:	Marcus O. Hicks, Esq.
Email Address:	Marcus.Hicks@doc.nj.gov
Telephone Number:	609-292-4036-5656

Agency-Wide PREA Coordinator Information	
Name:	Pamela Sooy
Email Address:	pamela.sooy@doc.nj.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

4	<ul style="list-style-type: none"> • 115.13 - Supervision and monitoring • 115.33 - Inmate education • 115.35 - Specialized training: Medical and mental health care • 115.41 - Screening for risk of victimization and abusiveness
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-08-10
2. End date of the onsite portion of the audit:	2021-08-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Warren County NJ Domestic Abuse and Sexual Assault Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	643
15. Average daily population for the past 12 months:	392
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	137
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	20
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Inmate interviewees were selected from housing rosters provided on the first day of the on-site audit. The rosters categorized inmates by housing and PREA targeted categories such as disabled, hard of hearing, vulnerable, LGBTI, and limited English proficient (LEP), etc. Staff was 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 provisions, how the provisions were applied as applicable in their respective cases, and the reporting mechanisms available to them. Using the interview guides, 16 random inmates, and 4 targeted inmates were privately interviewed. The targeted inmates were as follows; limited English proficient- 2; LGBTI- 1; disclosed victimization at screening- 0; disabled- 0; reported sexual abuse-1.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	354
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmate interviewees were selected from housing rosters provided on the first day of the on-site audit. The rosters categorized inmates by housing and PREA targeted categories such as disabled, hard of hearing, vulnerable, LGBTI, limited English proficiency (LEP), etc. Staff was able to identify inmates in targeted categories or the lack of inmates in targeted groups
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups. Random inmate interviews corroborated the lack of disclosure of prior sexual victimization during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility tracking mechanisms for PREA targeted populations were reviewed to verify the lack of individuals identified in targeted areas. Facility staff was questioned as to the validity of tracking targeted populations. During random inmate interviews, the auditor was alert to any indicators of targeted characteristics. The auditor determined that targeted data maintained by the facility and the reported information corroborated the lack of individuals in some targeted groups. Random inmate interviews corroborated the lack of placement in segregated housing post identification of risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Random inmate interviews were oversampled due to the lack of inmates identified in targeted areas. Inmate interviewees were selected from housing rosters provided on the first day of the on-site audit. The rosters categorized inmates by housing and PREA targeted categories such as disabled, hard of hearing, vulnerable, LGBTI, limited English proficiency (LEP), etc. Staff was 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 provisions, how the provisions were applied as applicable in their respective cases, and the reporting mechanisms available to them. Using the interview guides, 16 random inmates, and 4 targeted inmates were privately interviewed. The targeted inmates were as follows; limited English proficient- 2; LGBTI- 1; disclosed victimization at screening- 0; disabled- 0; reported sexual abuse-1.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Random staff interviews included all genders, ethnic considerations, and supervision levels.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input checked="" type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor toured all inmate living, work, and program areas. The auditor toured the central control point as well as housing areas, vocational and maintenance shops, program areas, medical areas, and the facility farm. The auditor was given unimpeded access to all areas of the facility.</p> <p>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 maximum, medium, full minimum, and gang 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).</p> <p>External advocacy and “internal/external hotline” information were assessed while touring the facility. 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.</p> <p>The tour revealed ongoing planning and enhancement of video monitoring.</p> <p>Observations were made of the level of staff physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the post-on-site document review phase, and during the periods of pre-audit document review, 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. The auditor sampled documentation pertaining to 40 staff to establish compliance with background checks and/or PREA training documentation. Ten new staff files were sampled, and five promoted staff files were checked for background and PREA training requirements. Additionally, 12 staff training records were sampled to confirm employee training. File documentation on training was also included in the pre-audit submittals. Training records were reviewed for basic and specialized medical and investigators training for 10 medical and three investigation staff respectively. Thirty inmates' files were sampled for PREA risk screening, inmate education, and mental health follow-up as required. The audit contained a review of background and training of two volunteers. During the applicable audit period, there were 6 PREA allegations reported. During the post-on-site document review period, the auditor reviewed three closed investigative cases. Three investigations were still pending. During the corrective action period, additional files were requested for review to serve as documentation of corrective action. The facility was depopulated and closed prior to the Interim audit report submittal.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	3	0	0	0	0
Staff-on-inmate sexual harassment	2	0	0	0	0
Total	5	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	0	2	0
Staff-on-inmate sexual harassment	1	1	0	0
Total	2	1	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	One sexual abuse allegation (inmate-inmate) was documented by the facility. The investigation was pending at the time of the audit.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were six allegations applicable for the review period. There were three closed investigations and three investigations pending. There was one sexual abuse allegation (inmate-inmate) pending an investigation. There were five sexual harassment investigations applicable for the review period. Two harassment allegations were pending investigation.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>The Nakamoto Group Inc.</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 680">PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault; and PCS.011.000 Community Programs MGO address zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. All applicable agency and facility policies cover zero tolerance towards sexual abuse, the agency's approach towards preventing, detecting, and responding to sexual abuse/harassment; definitions of prohibited behaviors; sanctions; and agency strategies and responses to reduce and prevent sexual abuse. The agency PREA Coordinator is the Director of Compliance, Policy, and Strategic Planning and reports to the agency Chief of Staff. PREA Compliance Managers are assigned to each facility. The facility compliance managers are required to be employed at the Assistant Superintendent level. The facility PREA Compliance Manager reports to the facility Administrator. Based on interviews with current incumbents, agency and facility PREA Coordinators have sufficient time to develop and oversee the implementation and coordination of the agency's and facility's efforts to comply with PREA standards</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 848">NJDOC reported 13 contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit. The WHFCF does not currently contract for the confinement of inmates and no contracts are applicable to WHFCF. All contracts are written in the same format with identical content. The contracts, in section 1.11 entitled "Compliance with All Applicable Laws Required", do not specifically require compliance with PREA standards but require compliance with the legal requirements set forth in the contract as well as any other applicable law, regulations, or codes. The contracts state that the list of laws, regulations and codes cited is available for review at the State Library. A memo from the NJ DOC contracts office to the Office of Compliance, Policy, and Strategic Planning advised that specific PREA language should be included in future contracts. The auditor requested contracts executed within the last 12 months to determine if the language is included. A memo dated April 15, 2019, from the Office of Community Programs contracts section to the Office of Compliance, Policy, and Strategic Planning advised that specific PREA language should be included in future Requests for Proposals. Re-bids for contracts in effect under RFP Bid No. PCS-2016 and ending Jun 30, 2019, would be required to include PREA compliance language. The development of the RCRP Request for Proposals under PCS-2019 would need to include the contractor's administrative responsibilities for compliance with PREA. The PCS- 2019 also covered any new contractors' obligation to become PREA compliant by January 1, 2021. Monitoring is done by requiring the contractor to provide PREA audit results to the Office of Community Programs. Annually, the contractor must meet NJDOC monitoring requirements for PREA compliance. Based on the aforementioned requirements, the agency is in compliance with this standard</p>

115.13	Supervision and monitoring
	<p data-bbox="242 145 829 174">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1484 600">Policy PCS 001.008 (PREA Compliance) requires that the overall safety and security of the facility, coupled with relevant PREA-related factors to prevent sexual abuse, are considered when allocating staffing resources within NJ DOC. The policy states that staffing levels are reviewed daily at each NJ DOC correctional facility. The policy describes the "002 Committee" as a unit under the Division of Operations with the primary function of providing a comprehensive analysis for each facility in order to ensure adequate staffing is maintained and posts are filled on a daily basis according to the approved institutional Post Trick Analysis. Post Trick Analysis is defined as a staffing chart that provides a basis for determining the number of security positions needed to operate a facility and is used to develop the facility's baseline custody staffing level. Any staffing deviations are to be noted and documented by the "002 Committee". PCS 001.008 requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p> <p data-bbox="242 629 1460 790">WFYCF's designated capacity is 643 and the facility reports that its staffing plan is predicated on an inmate population of 643. The authorized number of staff employed at WFYCF is 354 and was developed based on a formula used in the post trick analysis methodology. WFYCF reports an average daily population level of 392 over the last twelve months. The facility reports there have not been any deviations from the staffing plan. The current inmate count is 168. There is no evidence of regular analysis of PREA compliant staffing concerns in view of a steadily decreasing inmate population.</p> <p data-bbox="242 819 1492 1115">WFYCF has not developed a PREA-compliant staffing plan. The facility refers to the "Post Trick" as its staffing plan required in this standard. Based on a review of uploaded documentation, staffing formulas are provided as a guide for staff. However, there is no documentation of collaboration on a regular basis between WFYCF staff and agency staff to develop a PREA compliant staffing plan designed to best prevent sexual abuse. There is documentation of an annual internal PREA audit which indicates that the facility reviews daily, adequate staffing levels, and notes camera procurement to enhance video monitoring. A review of documentation from the "002 committees" could provide a roadmap to key analytical factors needed to document a PREA compliant staffing plan. A corrective action plan will focus on documentation of collaboration between WFYCF staff and the central office Operations Division in developing a facility-specific staffing plan. This will serve as the baseline from which a yearly review and analysis of staffing plan development in light of 11 variables outlined in 115.13a.</p> <p data-bbox="242 1144 1492 1238">There were no reports of any systemic vacancy or staff retention issues. There were zero substantiated, two unsubstantiated, and one unfounded sexual abuse or harassment allegations at WFYCF over the period referenced in the PAQ. At the time of the on-site audit, three cases were closed, and three were pending completion.</p> <p data-bbox="242 1267 1492 1496">Based on interview responses from the agency Director, the agency PREA Coordinator, and the facility IPCM, the auditor has not been informed of any WFYCF related 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 WFYCF. CUS.001.011 prohibits staff members from alerting other employees regarding unannounced rounds. During the tour of the facility, it was noted that there was video monitoring in strategic sections of the facility.</p> <p data-bbox="242 1525 1492 1888">As stated above, a corrective action plan was required to focus on documentation of collaboration between WFYCF staff and the central office Operations Division in developing a facility-specific staffing plan designed to prevent sexual abuse. This corrective action was to serve as the baseline from which a yearly review and analysis of staffing plan development in light of 11 variables outlined in 115.13a. The interim audit report submitted to the facility/agency imposed a 180-day corrective action period. The auditor communicated with the facility/agency in providing a path and recommendations for creating a PREA-compliant staffing plan designed to prevent sexual abuse. This non-compliant finding was not confined to WFYCF but applied agency-wide. During the 180-day corrective action period, the auditor was advised that the facility was scheduled to close and sought guidance on how to proceed relative to corrective action. The facility was advised to proceed with corrective action until a closure date is affirmed. During the 180-day corrective action period, the agency reported September 29, 2021, was the closing date of the facility and the facility was depopulated. As such, the facility closed prior to the receipt of the interim audit report. Therefore, no corrective action was implemented pertaining to this standard.</p>

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Based on an analysis of the Pre-Audit Questionnaire, a review of the agency PREA compliance policy, and discussions with agency officials, WFYCF does not house inmates categorized or defined as "youthful inmates".

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1474 465">Policies PCS.001.008, CUS.001.011, CUS.001.GRC.001, 10.6 Search of Persons Revised Sep 2019, and WFYCF IMP #1-01 address the requirements of Standard 115.15. 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. Agency policy prohibits employees from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.</p> <p data-bbox="244 499 1490 792">WFYCF is an all-male facility. Based on reports submitted on the PAQ, there have not been any cross-gender visual body cavity or strip searches conducted at WFYCF during the audit period. Interviews with 12 security staff confirmed that they were aware of the prohibition of a 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 general population and close custody housing units, that inmates are permitted to shower, perform bodily functions, and change clothing privately. Toilets and shower facilities have modesty barriers or curtains located in respective areas of dormitory units to provide privacy while showering, changing clothes, or performing bodily functions. Celled units have toilets located within the cell and showers with curtains located downrange.</p> <p data-bbox="244 826 1482 1084">The agency and WFYCF have an "announce" policy and procedures requiring a staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. Twenty 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 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 acknowledgment forms, confirm training in this area follows the requirements of Standard 115.15. Based on training documentation, a tour of the facility, and staff and inmate interviews, WFYCF is in compliance with this standard</p>

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1465 398">PCS. 001.008 (PREA Compliance); 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); WFYCF PCS.008.LEP.01; WFYCF Sup.003.LEP.01; and WFYCF. PCS.001.DFH.01 (Deaf Hard of Hearing) address the requirements of standard 115.16.</p> <p data-bbox="240 432 1485 824">Through the aforementioned policies, forms denoting a method of communication, and designation methods of hard of hearing inmates, the availability of assistance provided to Limited English Proficient inmates; qualified interpreter services via language line services, and other interpreter services, WFYCF 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 is 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. A Level 3 IMP provides assistance from social service staff for LEP-designated inmates and informs staff of language line services. WFYCF staff is 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.</p> <p data-bbox="240 857 1485 1115">Upon initial intake, WFYCF 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, inmates would be identified in I-TAG and a follow-up plan is developed to foster communication. Two inmates interviewed, who were identified as limited English proficient or hard of hearing, 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 a facility tour, inmate interviews, and a review of written materials. WFYCF has a contract with a language line service for over-the-phone interpreter services (any language), as well as staff who are bi-lingual-Spanish. This would ensure translation services were available for inmates who are not English proficient.</p> <p data-bbox="240 1149 1485 1373">Telephone communication devices for the deaf, are also available for use if required. WFYCF employs staff members who are proficient in languages other than English. Hard of hearing designated inmates are housed in an area with identification tags in living spaces. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance-related functions. Interviews with 12 random staff and an examination of supporting documentation, such as 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.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 831">ADM.006.007 (Pre-Employment and ID Card Renewal), and PCS.001.008 (Prevention, Detection, and Response of Sexual Abuse and Harassment) address the requirements of this standard. Staff applying for positions as law enforcement officers are required to completed an "Application for Employment - Law Enforcement Position Background Questionnaire. The application for a law enforcement position requires the applicant to acknowledge disqualifying issues which would remove them from eligibility for employment. Examples of disqualifying issues include convictions for any sexual offense, sexual harassment violations in the workplace, or any disqualification criteria under PREA. The applicants are asked to answer questions regarding their arrests, indictments, or charges for a criminal or sexual offense. 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 are also 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 Special Investigative Division (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.</p> <p data-bbox="242 864 1485 1126">The policy (ADM.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 PSM.001.011 (Staff Selection and Promotions) 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.</p> <p data-bbox="242 1158 1485 1451">The human resource staff representative for WFYCF was interviewed. SID staff were interviewed regarding background checks. The NJ DOC "Application for Employment, Background Investigation Questionnaire" and the NJ DOC SID, "Application For Clearance and Issuance of ID Cards" were examined to determine if responses to questions pursuant to 115.17(a) 1-3, were included in applications for employment or promotions. There were 34 new hires and one contract for services (5 employees) applicable for the past 12 months. Ten new hires and five promotions cases were sampled. There were three volunteer files reviewed for this audit period. None of the contractors have inmate contact. Based on the ten new security staff cases and three volunteers having contact with inmates, all staff were not asked to respond to the questions outlined in 115.17 (a) 1-3 in written applications or interviews. 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.</p> <p data-bbox="242 1482 1485 1610">Human resource staff 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. Staff 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.</p> <p data-bbox="242 1641 1485 1767">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 relevant supporting documentation reveals all new applicants and promotions are in compliance with 115.17 (a) 1-3, to ensure all applicable staff provides written responses to required questions.</p>

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 434">The agency Director responded to interview questions and relayed that the safety of staff and inmates is a priority of the NJ DOC and that the Division of Operations regularly conducts security audits to assess the safety of each facility and identify areas of needed enhancement of video monitoring. Additionally, the PREA Compliance Unit conducts annual internal audits at each facility. Each facility's administrative staff is expected to tour their facility and consult as necessary with Operations, SID, and maintenance on needed enhancements.</p> <p data-bbox="229 434 1509 770">The agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit at WFYCF. Additionally, the agency/facility reports that there has not been any additional installation or updating of the video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit. However, it is noted that even though WFYCF has not had any substantial facility expansions or modifications since August 20, 2012, or since the last PREA audit, there are strategically placed monitoring systems that enhance sexual safety as well as other security objectives. The cameras are procured as established by the Capital Planning and Construction mission goals and objectives (SUP.001.000). Video monitoring is managed in accordance with policy CUS.001, CRP.01, and the management requirements are compatible with PREA prevention, detection, and response objectives.</p> <p data-bbox="229 770 1509 896">WFYCF has benefited from the installation of video monitoring to supplement staff supervision. Based on a tour of the facility, documentation of video monitoring enhancement, and the strategic planning processes in place to monitor and administer electronic monitoring, WFYCF is compliant with this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PCS.001.008 (Prevention Detection and Response to Sexual Abuse and Harassment); MED.MLI.007 (Sexual Assault); MED.MLI.005 (Forensic Specimens); CUS.001.CSM.01 (Crime Scene Management); IMP#14 (Procedures for Sexual Offenses); and N.J.S.A. 52:4B-50 et seq. 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 receive 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-sexual assault allegation steps are outlined in the above-referenced documents. Prior to a referral for a forensic examination, alleged victims of sexual assault are examined in the WFYCF Health Services Department for an initial injury assessment. Such treatment would be for life preservation only.

In New Jersey, N.J.S.A. 52:4B-50 et seq. mandates every county prosecutor's office to establish a Sexual Assault Response Team (SART) and a SART Advisory Board. A victim of sexual assault is eligible for SART services when the following criteria are met: the victim is 13 years of age or older; the assault occurred within the past five days, and the victim consents to SART activation. The SART is comprised of a law enforcement officer, a rape care advocate, and a sexual assault nurse examiner (SANE). The SART team is available for those in the community as well as those incarcerated. For PREA allegations at NJDOC, the SID contacts the county prosecutor who contacts the SART team for those inmates housed in that county. Victims of sexual assault are to be provided the opportunity to have the support of a rape care advocate prior to and during all medical and legal proceedings and throughout the entire healing process. Hospitals and law enforcement agencies shall provide sexual assault victims with information about the local designated rape care program. The victim shall be afforded the opportunity to speak privately with a rape care advocate. The rape care advocate is to explain the advocate's role and the services of the rape care program. He or she shall also ensure that the victim is informed regarding all procedures, options and resources, including rape care services, the importance of seeking medical attention, and the value of immediate evidence collection and early reporting.

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.

WFYCF 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 the admissibility of evidence based upon search and seizure laws, 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 and Sexual Abuse Response Team (SART) 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 the Warren County NJ Domestic Abuse and Sexual Assault Crisis Center. An interview was conducted with the Shelter Coordinator who confirmed that advocacy services are currently provided to inmates from WFYCF is required via telephone during COVID. In person advocacy if requested is provided at the hospital during normal circumstances. Warren County staff confirmed the relationship established with WFYCF for advocacy services. Additionally, if forensic medical exams are needed, they are performed at the local hospital emergency department. There is no co-pay for any services associated with sexual abuse. WFYCF 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. WFYCF 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.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">PCS.001.008 (Prevention, Detection, and Response to Sexual Assault and Harassment); ADM.006.011 (Investigations by the SID); and IMP#14 (Procedures for Sexual Offenses) 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.</p> <p data-bbox="229 367 1509 479">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's level, the SID proceeds with the criminal component of the investigation if applicable.</p> <p data-bbox="229 479 1509 896">There were six PREA allegations during the last 12 months. All were investigated as administrative investigations. The WFYCF Principal Investigator was interviewed for an assessment of awareness of the office's responsibilities in the investigative process. The investigator conveyed the SID would conduct criminal investigations for WFYCF involving allegations of inmate-on-inmate, and staff-on-inmate sexual abuse and harassment. The investigator confirmed that an investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. SID staff 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. PREA information regarding the general investigative protocol and how to report allegations is located on the agency's public website. 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.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1465 667">PREA education for all security staff trainees begins in the NJ DOC Training Academy and new Non-Uniformed personnel receive PREA training as part of their orientation. In addition, all NJ DOC employees, volunteers, and contractors receive training on their duties and responsibilities under the Department's zero-tolerance policy and are informed that they are required to immediately report any incident or allegation of sexual abuse/sexual or harassment to the nearest custody staff member and their immediate supervisor. The curriculum is regulated and updated by Training Academy staff with external training assistance provided by the National PREA Resource Center. PCS.001.008 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 bi-annual basis. WFYCF 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 is trained on their responsibilities regarding the NJ DOC PREA requirements.</p> <p data-bbox="242 696 1474 1057">A PREA Video Facilitator's Guide, the PREA Basic Course, and In-Service Instructional Unit Guide as well as instructional scripts are provided by the agency's training academy to be used by the class instructors. The review of facility instructional guides, instruction scripts, and attendance logs confirmed that the training provided addressed all elements identified in this standard. Staff acknowledged their receipt and understanding of the PREA by signing the attendance logs. Forty staff records, including new staff hired within the last 12 months, were sampled. All staff has acknowledged their receipt and understanding of PREA 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 every two years during refresher training. Staff receives ongoing PREA training regarding current policies on sexual abuse and sexual harassment. The training documentation reviewed relative to 40 staff including interviews with 12 random staff regarding PREA requirements confirm the facility's compliance with Standard 115.31.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1426 331">IMM.001.004 Zero Tolerance Prison Sexual Assault; PCS.001.VOL.001 Volunteer Services; and PREA Training Script address the requirements of 115.32.</p> <p data-bbox="240 365 1469 557">At the time of the preparation of the PAQ, the facility reported five contractors and volunteers who have inmate contact provided services to the facility during the audit period. However, it was clarified and noted while on-site that only two volunteers have inmate contact, and five contractors operating the facility power plant do not have inmate contact. It was also reported by the IPCM that all contractors for the Meridian Company work outside the facility perimeter. The inference was that no contractors providing services during this audit period required PREA training due to their non-contact status. Rutgers medical staff and DEPCO staff receive Non-Uniform Staff Training (NUST) and contractor-provided PREA training.</p> <p data-bbox="240 591 1493 913">Though not provided during the COVID-19 emergency, 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. A review of the PREA (script) 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 philosophy and reporting policies. Therefore, a mechanism is established for training unescorted contractors having inmate contact. Similarly, approved volunteers (currently two) are provided PREA training using the aforementioned PREA lesson plan. Based on a review of training materials, sign-in and acknowledgment sheets, the list of approved volunteers having inmate contact during the audit period, in addition to interviewing the IPCM, all facility unescorted contractors having inmate contact and volunteers are provided training related to their responsibilities concerning the PREA (zero tolerance, detection, prevention, response, and reporting requirements).</p>

115.33	Inmate education
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 831">PCS.001.008; IMM.001.004 Zero Tolerance Prison Sexual Assault; SUP.004.001 Limited English Proficient- Use of Language Line; Inmate Report Quafold Signed Proof 3-11-21; PREA ENGLISH Inmate handout; ENG universal flyer Reporting; SPAN universal flyer Reporting; and Preferred Method of Communication Form address the requirements of Standard 115.33. During in-processing procedures at WFYCF, 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. WFYCF Social Services Department coordinates PREA education. NJDOC policy requires facilities to provides inmates with comprehensive and ongoing educational services regarding NJDOC's zero tolerance of sexual abuse and sexual harassment, rights, and responsibilities under PREA and available services related to sexual abuse. According to agency policy, upon intake, all inmates should be provided with written and video materials detailing the zero tolerance for sexual abuse/harassment policy, along with PREA informational handouts and reporting instructions. Upon assignment to a correctional facility, inmates should be issued facility-specific handbooks which include a PREA section. Agency policy requires that inmates should be provided information at their orientation on how to report an incident or allegation, along with methods for third party and confidential reporting. The agency has numerous policies and procedures in place to assist inmates with disabilities and limited English proficiency with obtaining PREA Educational Materials. The policy requires inmates to sign for receipt of PREA informational materials as well as for attendance at PREA education/orientation sessions. Copies of receipt documents are to be maintained in the inmate's classification folder and by the Institutional PREA Compliance Manager.</p> <p data-bbox="240 864 1485 1021">The facility reported on the PAQ that 186 inmates admitted during the past 12 months were given information regarding zero-tolerance towards sexual abuse and harassment and how to report allegations. Additionally, the facility reported on the PAQ that 183 inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received, within 30 days of intake, comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents.</p> <p data-bbox="240 1055 1485 1245">Based on a review of educational materials and a tour of WFYCF, there are several forms of PREA educational materials available, accessible, and on display throughout housing and program areas. There is a sexual assault Victims' Bill of Rights handout available in English and Spanish. There is a " ZERO Tolerance - How to Report" handout for inmates. There are "Zero Tolerance and How to Report" posters available in English and Spanish throughout the facility. There is PREA overview information posted throughout the housing units in English and Spanish. All handouts and materials clearly inform WFYCF inmates of the zero-tolerance philosophy and how to report.</p> <p data-bbox="240 1279 1485 1536">Inmate handouts 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 handouts and pamphlets identify the key elements of the program and informs 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 are required to reiterate the information written in the inmate handouts by conducting an educational program regarding the PREA for all inmates within 30 days of their arrival.</p> <p data-bbox="240 1570 1485 1794">However, during much of the audit period, COVID-19 programming restrictions imposed limitations on WFYCF's ability to hold face-to-face PREA educational sessions. Based on random and targeted interviews and examination of records, 18 of 30 inmate records examined were admitted during this audit cycle. Documentation of receipt of educational materials was reviewed. All thirty inmates signed for receipt of PREA educational materials focused on zero-tolerance and reporting. Five of the above-referenced 18 inmates received from March 2020 thru April 2021 acknowledged by signature receipt of educational materials but did not receive the materials within 30 days. However, through interviews, all revealed that during intake, handouts and a handbook were received.</p> <p data-bbox="240 1827 1485 1917">Inmates at WFYCF have access to JPAY, a computer program system that also provides PREA information and can be used to report sexual abuse, sexual harassment, and retaliation. Staff interpreters and telephonic translation services are established.</p> <p data-bbox="240 1951 1485 2141">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 during medical screenings are is 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. WFYCF staff is 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</p>

educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities.

The auditor has determined through interview verification by inmates, the availability of the inmate handbook and PREA handouts in various formats, the available formats and accommodations made for targeted populations, and the visual posters and electronic formats such as J-Pay which contain PREA information, the facility only lacks compliance with the 30-day time frame for inmate acknowledgment of receipt of educational information.

A corrective action plan was required to focus on documentation of acknowledgment of receipt of PREA education within 30 days of admission. The interim audit report submitted to the facility/agency imposed a 180-day corrective action period. The auditor communicated with the facility/agency in providing a path and recommendations for documenting PREA education. The auditor required a follow-up review period to document timely PREA education for new admissions during the follow-up review period. During the 180-day corrective action period, the auditor was advised that the facility was scheduled to close and sought guidance on how to proceed relative to corrective action. The facility was advised to proceed with corrective action until a closure date is affirmed, and to submit any documentation of corrective action absent new admissions. During the 180-day corrective action period, the agency reported September 29, 2021, was the closing date of the facility and the facility was depopulated. As such, the facility closed prior to the receipt of the interim audit report. Therefore, no corrective action was implemented pertaining to this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PCS.001.008 addresses 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.</p> <p>There are two sworn SID investigators assigned to WFYCF. When criminal investigations are indicated, they are conducted by NJ DOC SID investigators in conjunction with the local prosecutor's office. WFYCF 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.</p> <p>The auditor reviewed training attendance and acknowledgment records and specialized training PowerPoint documentation. Interviews with staff, the Principal Investigator, and a review of documentation confirm that WFYCF is in compliance with the training requirement of this standard</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1473 365">PCS.001.008 governs this standard. A "New Hire Orientation Sign-In Sheet" A training completion of a course called "Addressing Sexual Abuse and Harassment of Inmates– Medical and Mental Health Staff Training", the Rutgers Healthcare training course outline, and attendance sign-in sheets for non-uniform staff PREA training were provided.</p> <p data-bbox="240 398 1485 622">The Pre Audit Questionnaire reported 17 staff applicable for specialized training and that all staff had been trained. Training documentation of 10 medical/mental health was reviewed. Training materials and records support that WFYCF medical and mental health personnel received basic PREA training during non-uniform staff PREA training. Three of 10 staff attended "New Hire Orientation Training". During new hire orientation, PREA topics are covered but the degree of specialized content is unknown. The specialized topic "Addressing Sexual Abuse and Harassment of Inmates" was completed by one of ten staff. During non-uniform staff PREA training, responding to victims of sexual abuse and reporting requirements are training topics.</p> <p data-bbox="240 656 1485 779">However, no specialized training completion documentation was submitted for nine of the 10 staff sampled. There was evidence provided that 3 of 10 staff attended an orientation program which may have served as the specialized training source. Documentation submitted referenced a section of a PowerPoint presentation used to provide training on specialized medical and mental health PREA issues as outlined in 115.35a 1-4.</p> <p data-bbox="240 813 1485 936">The auditor's review of medical and mental health personnel training records/documents 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 are not performed by WFYCF medical staff.</p> <p data-bbox="240 969 1485 1064">It is not sufficiently documented that WFYCF medical and mental health staff have completed specialized training as outlined in 115.35a 1-4. There is a lack of primary documentation of completion to provide assurance that specific specialized topics are included in the training curriculum.</p> <p data-bbox="240 1097 1485 1422">A corrective action plan was required to focus on documentation of receipt of specialized training for medical and mental health staff. The interim audit report submitted to the facility/agency imposed a 180-day corrective action period. The auditor communicated with the facility/agency in providing a path and recommendations for documenting specialized training. The auditor required a follow-up review period to document specialized training for medical/mental health staff for current or new hires during the follow-up review period. During the 180-day corrective action period, the auditor was advised that the facility was scheduled to close and sought guidance on how to proceed relative to corrective action. The facility was advised to proceed with corrective action until a closure date is affirmed, and to submit any documentation of corrective action absent new hires. During the 180-day corrective action period, the agency reported September 29, 2021, was the closing date of the facility and the facility was depopulated. As such, the facility closed prior to the receipt of the interim audit report. Therefore, no corrective action was implemented pertaining to this standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 633">PCS.001.008, MED.IMA.005, and MED.IMA.001 address the requirements of Standard 115.41. The procedures require an initial PREA risk assessment to be completed within 72 hours of admission by medical 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 of being sexually abusive towards other inmates. This screening is initially done during the reception process, and as inmates are transferred between facilities. The intake screening form's instructions state that initial and intra-system screening will be recorded in the electronic medical record (EMR) on the "Nurse Transfer Review encounter. A PREA Risk Screening encounter will be entered in the EMR. NJ DOC policy prohibits inmates from 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. The governing policy also requires a 21-day classification meeting to reassess initial screening risk factors.</p> <p data-bbox="240 663 1485 824">Based on agency policy, the Multi-dimensional Sexual Victimization and Abusiveness Risk Assessment Checklist is used by staff to conduct PREA risk screenings. The multi-dimensional risk assessment checklist only encompasses information available to staff at the time of intake, and with the purpose of referring the inmate for further assessment if needed. The PREA Monitoring Screen is divided into sections that typically are completed by different specialty providers, but all healthcare providers can utilize any portion of the checklist as needed.</p> <p data-bbox="240 853 1485 1283">The PREA risk screening instrument used during intake contains a nursing section with four questions designed to elicit an inmate's response to questions regarding whether they have been sexually victimized or have been sexually abusive in the past. A decision on the propensity for victimization or abusiveness is made by the nursing staff based on the inmate's answer to the above issues, and the resulting decisions on propensity in the nursing section sometimes do not appear to be evidence-based. Following the categorization of PREA victimization or abusiveness (or lack of such) propensity, there is a section on sexual identification ("clinical factors") in which the inmate is asked to report in the affirmative or negative their sexual identification. This section is followed by a ("Prison") section completed by psychology with questions asking the inmate to report prior incarceration history, and other factors outlined in 115.41d. A review of 18 cases admitted to WFYCF during the audit period revealed three cases did not contain section 2 (clinical factors) and one case did not contain section 3 (prison). These sections contain screening information on sexual identification and prior incarceration respectively. Five of 18 cases were comprised of a nursing section screening and a "chart review" of previous information entered previously during other encounters or locations. Therefore, in 9 of 18 cases received during the audit period, all PREA screening variables were not assessed during the intake process.</p> <p data-bbox="240 1312 1485 1541">WFYCF has the ability to obtain instant offense and referral materials by which to base risk screening responses supported by evidence. Therefore, WFYCF is capable of considering information known to the facility and previously documented regarding abusiveness and victimization history, a history of violence, among other variables included in 115.41 d (1)(4)(5)(6)(8). In reviewing the EMR entries, there is evidence that histories of violence and developmental issues are explored and assessed during intake but are usually based on reports from the inmate and from a chart review of a previous risk determination. Additionally, the screening instrument does not use a mechanism to assign value to any variable in determining a threshold for a determination of victimization or abusiveness risk propensity.</p> <p data-bbox="240 1570 1485 1765">The facility reported 183 inmates received through initial reception or transfer during the audit period. All PREA risk screenings are completed within 72 hours of admission. 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. It appears that at WFYCF, all three sections of the Multi-dimensional PREA Risk Screening instrument are not executed on every admission. As referenced above, nine of 18 files reviewed did not have responses to all screening variables documented. All discrepant forms were missing Part II or Part III (Clinical or Prison Sections).</p> <p data-bbox="240 1794 1485 2022">The nursing staff is required to conduct a re-assessment on all admissions. It cannot be determined if cases are referred to nursing staff to receive a second PREA Risk Screening to determine a propensity level for victimization or abusiveness. The institution classification committee (ICC) conducts a 21-day classification on all inmates. During this meeting, NJ DOC requires a reassessment of the propensity for victimization and/or abusiveness is to be performed based on any new information as well as a gauge of the inmate's perception of safety. . Seven of the above 18 admissions were sampled to gauge if reassessment risk screenings were conducted. There is no evidence to support that the reassessments are occurring.</p> <p data-bbox="240 2051 1485 2145">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. It was determined that all WFYCF admissions are screened using section one of the PREA Monitoring Screen, but in nine cases, either sections, II, or section III were not</p>

documented. Therefore, all screening factors are not documented at intake on all admissions on the PREA risk screening form.

Additionally, while "sexual adjustment" is a standing agenda item during ICC meetings, classification documents did not specify that PREA issues were discussed by the ICC. A discussion of PREA issues or "sexual adjustment" is not discernible on ICC progress notes. Additionally, the agency should assign weight to each screening variable to assist staff in their determination of a threshold (subject to override) for victimization or abusiveness risk.

The auditor imposed a 180-day corrective action period to ensure all screening variables are reviewed for each admission to WFYCF and to ensure a 30-day reassessment of PREA risk is properly documented for all admissions. Additionally, the agency/facility should consider assigning value to each screening variable in determining a threshold for a determination of victimization or abusiveness risk propensity.

As stated above, a corrective action plan was required to focus on ensuring PREA risk screenings at each admission and transfer. This corrective action was to serve as the baseline to use system-wide. The interim audit report submitted to the facility/agency imposed a 180-day corrective action period. The auditor communicated with the facility/agency in providing a path and recommendations for creating an objective screening instrument and a mechanism for a 30-day reassessment of PREA risks. This non-compliant finding was not confined to WFYCF but applied agency-wide. During the 180-day corrective action period, the auditor was advised that the facility was scheduled to close and sought guidance on how to proceed relative to corrective action. The facility was advised to proceed with corrective action until a closure date is affirmed. During the 180-day corrective action period, the agency reported September 29, 2021, was the closing date of the facility and the facility was depopulated. As such, the facility closed prior to the receipt of the interim audit report.

Therefore, no corrective action was implemented pertaining to this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 398">NJAC 10A:9-3, 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. The policy requires these determinations for various assignments to be made on a case-by-case basis.</p> <p data-bbox="240 432 1434 490">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.</p> <p data-bbox="240 524 1469 714">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. The policy requires that placement and programming assignments for each transgender or intersex inmate are re-assessed at least once every six months.</p> <p data-bbox="240 748 1485 940">WFYCF procedures allow that a transgender or intersex inmate's own views, with respect to his own safety, be given serious consideration when making these assignments. Transgender inmates are allowed to complete a "Gender Identity Housing Request Form", and a "Gender Identity Screening Form" which includes a section on the perception of safety and vulnerability. WFYCF staff allows transgender and intersex inmates the opportunity to shower, dress and use toilet facilities separately from other inmates. Documentation of the completion of the above-referenced screening forms was reviewed by the auditor. However, at the time of the on-site audit, two applicable inmates had been transferred to others facilities.</p> <p data-bbox="240 974 1485 1263">Medical staff members assigned to conduct PREA risk screening have been provided additional training and resource materials. WFYCF 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. The WFYCF PREA Manager is automatically notified of any changes in PREA risk via the electronic management system. Based on a review of a weekly "PREA At-Risk" report dated August 9, 2021, approximately 15 inmates (11%) were categorized as victims and perpetrators, or solely victims. 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.</p> <p data-bbox="240 1296 1485 1722">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 20 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, WFYCF does not have dedicated housing units for transgender offenders. There were no transgender cases in the inmate population identified during the on-site audit. NJ DOC policy, housing request forms, gender identity screening, and staff interviews revealed WFYCF 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 classification documents confirm WFYCF is compliant with the requirements mandated in Standard 115.42</p>

115.43	<p>Protective Custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PCS.001.008 PREA Compliance, ADM.019.003.TAH Temporary Administrative Housing, ADM.019.003 Close Custody Units, and ADM.019.003.IHU Investigative Housing Unit 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 to 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.</p> <p>TCC status is described as the non-punitive removal of an inmate from the 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 the information or evidence warrants an extension beyond 72 hours and is documented and approved by the facility Administrator or designee. WFYCF reported on the PAQ that during the applicable audit period, zero inmates at high 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. During the on-site tour, there were no inmates housed in TCC status due to being at high risk of sexual victimization.</p> <p>An interview with the WFYCF 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 high risk of victimization issues, except when there are safety or security concerns. Interviews with staff (random and specialized), during the on-site audit, and an examination of support documentation confirm staff’s understanding of the intent of Standard 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault; IMM.002.001 Inmate Remedy System; IMM.002.IRS.001 Inmate Remedy System; IMM.002.JPG.001 JPAY Guidelines; PCS.001.PREA.OMB; Inmate Report Quadfold Signed Proof 3-11-21; 21-5-13 ENG universal flyer Reporting; 21-5-13 SPAN universal flyer Reporting; and 21-05-11 PREA ENGLISH Inmate handout 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 receives 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. The 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.

In addition to policy provisions, during the on-site tour of WFYCF, 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 WFYCF 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 WFYCF'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, including writing or calling the Office of the Corrections Ombudsman, contacting facility staff, or reporting through friends and family, through the formal grievance procedures and via electronic means. The facility provides access to confidential support via an agreement with the Warren County, NJ Domestic Abuse and Sexual Assault Crisis Center. The auditor determined that the external reporting mechanism available to inmates (The Office of the Corrections Ombudsman) is a functional reporting mechanism. However, this external reporting resource does not have the capability to immediately forward inmate reports of sexual abuse and sexual harassment to agency officials.

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 supervisor while keeping the inmate safe. Sixteen inmates randomly sampled as well as four inmates selected in specific categories were interviewed during the on-site audit. All inmates confirmed they were aware of multiple methods of how to report sexual abuse/assault allegations. Inmates at WFYCF are not detained solely for civil immigration purposes.

During the time of the original on-site audit, a correction action plan was recommended to ensure that the external public or private agency used for reporting outside the agency would have the capability to immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. A corrective plan of action was recommended for 115.51 (b). During the corrective action phase, it was determined that if the Corrections Ombudsman office is able to report allegations to NJ DOC officials at the time that the office becomes aware of allegations, this would be interpreted as immediate notification. In light of this interpretation by the PREA Resource Center, this external reporting resource has the capability to immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. Therefore, all components of 115.51 are found in compliance.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 929">PCS.001.008 PREA Compliance; IMM.002.001 Inmate Remedy System; IMM.002.IRS.001 Inmate Remedy System; IMM.002.JPG.001 JPAY Guidelines; and IMM.001.004 Zero Tolerance Prison Sexual Assault address the requirements of Standard 115.52. Agency policy reveals that WFYCF 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 electronic 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 state 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. The 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 inmate 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.</p> <p data-bbox="231 929 1508 1176">A review of documentation related to grievances indicated that there were zero 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 and zero grievances in which the inmate declined third-party assistance. 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. There were zero emergency grievances alleging a substantial risk of imminent sexual abuse. Based on a review of the governing policy, staff and inmate interviews, and certifying documentation submitted by the facility, WFYCF is in compliance with Standard 115.52.</p>

115.53	<p data-bbox="231 71 1508 1288">Inmate access to outside confidential support services</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 268 1508 638">PCS.001.008 PREA Compliance; PREA ENGLISH Inmate handout; Flyer Hunterdon English Emotional Support; Flyer Hunterdon Spanish Emotional Support; IMM.001.004 Zero Tolerance Prison Sexual Assault, and a Memorandum of Understanding (MOU) between NJ DOC and the Domestic Abuse and Sexual Assault Crisis Center (DASACC) of Warren County, NJ 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 include 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.</p> <p data-bbox="231 660 1508 795">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.</p> <p data-bbox="231 817 1508 1052">NJ DOC entered into an "MOU" with DASACC of Warren County, NJ for providing inmates with emotional support services to WFYCA (formerly Mountainview) inmates related to sexual abuse. The provision of this agreement was verified by the auditor by interviewing the agreement and interviewing DASACC staff. The auditor also tested the hotline and found it functional. Training was provided to WFYCF 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.</p> <p data-bbox="231 1075 1508 1276">PREA pamphlets detailing victim advocacy and confidential support services are issued upon the inmate's arrival. PREA postings in housing units provide the address and hotline phone number of the outside advocacy/emotional support organization. Twenty inmates were interviewed and approximately half of those interviewed did not immediately recognize the availability of outside emotional support but felt confident that adequate resources are available. A review of the "MOU" and confirmation of services, in addition to on-site interviews with 12 random staff confirm the facility's compliance with Standard 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 600">PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault; IMM.002.001 Inmate Remedy System; IMM.002.IRS.001 Inmate Remedy System.; IMM.002.JPG.001 JPAY Guidelines; 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. The 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.</p> <p data-bbox="240 629 1449 824">WFYCF 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 12 staff and 20 inmates confirmed that they have a sufficient understanding that anonymous and third-party reporting procedures are acceptable for sexual abuse/sexual harassment reporting practices at WFYCF. The facility is in compliance with this standard.</p>

115.61	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>NJDOC requires all staff to immediately report any knowledge, suspicion, or information regarding inmate sexual abuse, sexual harassment, retaliation against an inmate or staff for reporting, or any staff neglect or violation of responsibilities that contributed to an incident of sexual abuse or harassment or retaliation.</p> <p>All NJDOC employees, volunteers, and contractors receive training on their duties and responsibilities under the Department's zero-tolerance policy through which they are informed of their requirement to immediately report any occurrence, incident, or allegation of sexual abuse and sexual harassment. This duty to report encompasses specific knowledge, credible information, or even reasonable suspicion regarding an allegation of sexual abuse or harassment which occurred at an institution, as well as any acts or threats of retaliation against an inmate or staff member who reported such an allegation.</p> <p>NJDOC staff, volunteers, and contractors shall not reveal any information related to a sexual abuse report to anyone other than those necessary for investigative, treatment, and security/management procedures. Medical and mental health practitioners are required to report sexual abuse and harassment. They are required to inform inmates at the initiation of services of their duty to report and the limitations of confidentiality. The HIPAA regulations expressly allow medical providers to provide to a facility with lawful custody of an inmate any information necessary for (among other things) "the health and safety of such individual or other inmates" or "the administration and maintenance of the safety, security, and good order of the correctional institution." [45 C.F.R. § 164.512(k)(5)(i)]. NJDOC does not house any inmates under the age of 18. Non-Custody staff members, contractors, and volunteers responding to a report of inmate sexual abuse or harassment must contact the custody staff member in the area to assist with the above and immediately notify their supervisor. Custody staff members responding to a report of sexual abuse or harassment must take the following steps: immediately notify their supervisor; separate the alleged victim and abuser; preserve and protect the crime scene (if applicable) until SID arrives; and request that the victim does not take any action that could destroy evidence. In addition, all staff members are encouraged to report sexual abuse or harassment by contacting the correctional facility's Institutional PREA Compliance Manager (IPCM). All PREA allegations of sexual abuse/sexual harassment are immediately reported to Administration and SID for review, response, and investigation. The failure of any staff member, contractor, or volunteer to report an allegation of sexual harassment and/or abuse may result in disciplinary action, up to and including removal.</p> <p>Based on a review of compliant policy, interviews with 20 inmates, and 22 staff, the facility is in compliance with standard 115.61.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 622">PCS.001.008 PREA Compliance; ADM.019.003 Close Custody Units; ADM.019.003.IHU Investigative Housing Unit; ADM.019.003.TAH Temporary Administrative Housing; and IMM.001.004 Zero Tolerance Prison Sexual Assault address 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 NJ DOC staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The policy(s) 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.</p> <p data-bbox="229 622 1509 907">Twelve security staff including supervisory personnel and administrative 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 WFYCF 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.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 432">PCS.001.008 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 or respond to allegations received from other facilities. 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.</p> <p data-bbox="244 465 1458 555">During the audit period, there were no applicable cases requiring WFYCF to investigate and/or required responsive action within 72 hours. Interviews with the Administrator and IPCM confirm their understanding of the notification and documentation requirements of this standard.</p>

115.64	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PCS.001.008 PREA Compliance; ADM.SID.035 Investigation Procedures; CUS.001.CSM.01 Crime Scene Management; and IMM.001.004 Zero Tolerance Prison Sexual Assault 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 an 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.</p> <p>All 12 security staff interviewed and 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. The facility reported 6 total allegations of sexual abuse or harassment over the audit period. One case of the total was considered an abuse case. Within the last year, the facility reported there were zero reported incidents in which security staff responded to an allegation and separated the alleged victims and alleged abusers. The facility reported zero instances in which staff members were notified within a period that still allowed for the collection of physical evidence. There were zero 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 was one instance in which a non-security staff member received information regarding sexual abuse but it was not a first responder incident. Interviews with staff and an examination of support documentation confirmed WFYCF's compliance with Standard 115.64.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1465 432">WFYCF Level III IMP #5.05 (Zero Tolerance of Prison Sexual Assault) addresses the requirements of this standard. The purpose of this Level III IMP is to establish and maintain a policy to be followed as a first responder action plan in any case of alleged sexual assault within the institution. These procedures are designed to assist WFYCF Custody Staff with the responsibilities as a first responder, in coordination with medical staff and SID in order to provide for the safety of the staff and inmates involved in the alleged sexual assault while ensuring integrity or preservation of any physical evidence. .</p> <p data-bbox="244 465 1469 584">During the applicable audit period, it is likely that this policy was not in effect and does not supersede any previous local response plan. The governing plan used during response cases during the audit period is discussed in Level I IMP 001.004 and various medical policies in addition to the PREA compliance policy. Based on a facility-level policy being in place to guide facility practices, WFYCF is in compliance with Standard 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 459">Final Agreement Local 30 15-19K; IFPTE Contract 7-1-15 to 6-30-19; NJLECOA contract settlement; NJLESA Contract 7-1-15 to 6-30-19; NJSOLEA 2015 - 2019 MOA (002); PBA Local 105 MOA 2015-2019; and SID Agreement 7-1-15 - 6-30-19 are the collective bargaining agreements in effect for applicable NJ DOC employees. Agency policy PCS.001.008 (PREA Compliance) supports the removal of staff alleged to have committed sexual abuse pending the outcome of the investigative process.</p> <p data-bbox="231 459 1508 705">Collective 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 WFYCF 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.</p>

115.67	<p>Agency protection against retaliation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PCS.001.008 address the requirements of 115.67. The WFYCF PREA Compliance Manager is the NJ DOC staff member designated by the WFYCF 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. For at least 90 days following the report of sexual abuse allegation, the Institutional PREA Compliance Manager continues to monitor the allegation by way of periodic status checks with the NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation). The Institutional PREA Compliance Manager will provide a copy of this form to the inmate with the request that they sign for the same. A copy of the signed form, or documented refusal to sign, will be maintained by the Compliance Manager and placed in Folder 115.67 on the DOCNet I-Drive. Retaliation monitoring shall be an ongoing process within the 90 days post allegation. The monitoring can be scheduled at any time and conducted periodically throughout the monitoring period. NJDOC requires at least 2 face to face meetings and 2 paper reviews to be conducted within those 90 days. These must be done on separate instances, with one face-to-face and one paper review being in the first 45 days and one face-to-face and one paper review in the second 45 days. To assist staff in tracking PREA incidents and related retaliation monitoring, the PREA E-Management system generates PREA related e-mails to affected staff. New PREA Incident Alerts occur hourly each day and subsequent Incident 45 Day Reminder and 90 Day Reminder Alerts related to the incident are generated within the time frame of the established retaliation monitoring period. Recipients of the New Incident Alert PMA emails are Agency-Wide PREA Coordinator and healthcare staff. Recipients of the 45 and 90 Day Reminder alerts are the Agency-Wide PREA Coordinator, the respective Institutional PREA Compliance Manager, and SID. Alerts listing new PREA incidents for the preceding week by the facility are sent once weekly on Friday at 4:00 p.m. Recipients are Agency-Wide PREA Coordinator, the respective Institutional PREA Compliance Manager, and SID.</p> <p>During the on-site audit, 6 cases were examined to determine if retaliation monitoring was documented. The examination revealed one case was not applicable due to the unfounded disposition determined in the initial stage of the investigation. In the other two closed cases and three pending cases, timely retaliation monitoring was documented. Retaliation was monitored during the open status/investigatory or adjudication period. Submittals were reviewed of monitoring performed at WFYCF on inmates whose allegations occurred at WFYCF. The facility reported no incidents of actual retaliation during the previous 12 months. The sampled retaliation forms indicated numerous contacts during the post allegation period and indicated the issues reviewed or discussed during each monitoring encounter. Inmates who made allegations or were categorized as victims signed or were given the opportunity to sign indicating the retaliation monitoring contact. Based on local documentation relative to six cases reviewed, all applicable cases evidenced timely monitoring during the active investigation phase.</p>
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115.68	Post-allegation protective custody
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 701">PCS.001.008 PREA Compliance, ADM.019.003 Close Custody Units, ADM.019.003.IHU Investigative Housing Unit, ADM.019.003.TAH Temporary Administrative Housing, and ADM.019.003.PCS Protective Custody Status address the requirements of Standard 115.68. 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 Administrative Housing (TAH) 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 are given. NJ DOC policy allows for placement in temporary close custody status placement when a PREA allegation is received that requires victims to 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.</p> <p data-bbox="240 730 1493 958">NJ DOC policy directs that placement in TAH 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 TAH status as a result of a PREA allegation, the policy requires the reasons for the placement shall be documented.</p> <p data-bbox="240 987 1493 1451">TAH housing status is described as the non-punitive removal of an inmate from the 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 the information or evidence warrants an extension beyond 72 hours and is documented and approved by the facility Administrator or designee. WFYCF sometimes uses a restrictive housing unit for housing inmates requiring TAH status. WFYCF reported on the PAQ that during the applicable audit period, one inmate who alleged sexual victimization was held from 1-24 hours in non-punitive involuntary segregated housing. Based on a review of administrative/investigative files, at least three inmates were placed in involuntary segregated housing for 1- 24 hours after the medical portion of the "PREA protocols" was completed. In all three cases, there was a clearly documented reason for safety concerns and why there was a lack of alternative placement options. The three cases involved administrative disciplinary housing status justification of TAH. The other cases were making PREA allegations were returned to the general population post PREA protocol medical assessments. Justification for TAH status placement is documented on the CUS-104. The CUS- 104 contained a statement of the facility's concern for the inmate's safety and why TAH status was required. The authorization for TAH status was usually completed at the time of transfer to TAH status and within 24 hours of status change.</p> <p data-bbox="240 1480 1469 1608">Based upon a review of post allegation procedures a "PREA protocol" is implemented which in most cases is similar to removal from the general population when there is a violation of facility rules. Interviews with the WFYCF IPCM confirmed that, to the extent possible, access to programs, privileges, education, and work opportunities are not restricted for inmates placed in non-punitive TAH status.</p> <p data-bbox="240 1637 1485 1832">Interviews with staff (random and specialized) during the on-site audit revealed the existence of close custody cells, temporary administrative housing, and investigative housing unit status. During the on-site audit, there were no inmates deemed high risk of sexual victimization housed in involuntary segregated housing. Evidence revealed there is a pattern of removal from the general population post PREA allegation and medical clearance. However, staff documented the nature of the facility's concern for safety and the reason why no alternative means of separating the accuser from the alleged abuser exists.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1476 566">PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault; ADM.SID.035 Investigation Procedures; CUS.001.CSM.01 Crime Scene Management; ADM.006.SID.002 Arrest Procedures; ADM.006.000 SID MGO and Organizational Structure; and SID IMP #014 Sexual Offenses address the requirements of this standard. SID is the division within the Office of the Commissioner. The SID's duties include 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 are investigated. Other duties include ensuring violations 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.</p> <p data-bbox="242 600 1485 723">SID investigators may conduct administrative investigations within the institution. When an allegation appears to be criminal in nature, the WFYCF investigative office, in conjunction with the NJ DOC SID will refer the incident to the Hunterdon County Prosecutor for a criminal investigation if the investigation involves potential criminal conduct. Staff-on-inmate criminal investigations are conducted by the SID.</p> <p data-bbox="242 757 1485 1283">There are two investigators assigned to WFYCF. The facility reported the receipt of a total of six allegations that required investigation during the audit period. During the on-site audit, there were three closed investigations and three investigations pending. There were zero substantiated cases, two unsubstantiated, and one unfounded case among the closed cases. All completed allegations received a full protocol investigation. Five of the six allegations were classified as harassment, and one pending case alleging contact. Two of the five harassment cases were filed against staff. An interview with the WFYCF 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 medical and mental health staff in "PREA protocols" where applicable to assist in filtering out any impactful medical or 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 a 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. All allegations are reviewed by the Hunterdon County, NJ prosecutors office for evaluation.</p> <p data-bbox="242 1317 1476 1440">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 at the facility. WFYCF 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, their assessments, and investigative facts and findings.</p> <p data-bbox="242 1473 1476 1597">WFYCF'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, supporting documentation, as well as interviews with the Principal Investigator and PREA Compliance Manager.</p>

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PCS.001.008 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.</p> <p>A review of nine completed 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.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 622">PCS.001.008 PREA Compliance, addresses the requirements of Standard 115.73. The 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. The 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 the 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 document 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 WFYCF, 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.</p> <p data-bbox="229 622 1509 972">WFYCF conducts administrative investigations when needed. At the time of the on-site audit, there were three closed investigations involving allegations of sexual harassment reported during the audit period. Two cases were found to be unsubstantiated and one case unfounded. All three cases reviewed in the above-referenced investigations received a full protocol investigation. A review of documentation maintained by the IPCM revealed all inmates were informed of the decision related to their allegation either at WFYCF or another facility. However, two notifications were not made in a reasonable timeframe based on the completion of the investigation, and one notification was undated. The auditor also reviewed one notification in a case involving staff. The notice did not require the status information on the staff member due to the "unfounded" disposition. WFYCF reported that no criminal investigations were completed by an outside agency and this was verified based on a review of the investigation referrals. Facility compliance with Standard 115.73 was determined by a review of policy and investigative documentation, and staff interviews.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 499">PCS.001.008 PREA Compliance; and IMM.001.004 Zero Tolerance Prison Sexual Assault address the requirements of standard 115.76. 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. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, up to and including a full ban from NJDOC facilities, and shall be reported to law enforcement agencies (unless the activity was clearly not criminal), and to relevant licensing bodies. Furthermore, the facility will take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="240 533 1485 723">When NJDOC investigates sexual abuse between a staff member and an inmate, the County Prosecutor is contacted for possible criminal investigation and prosecution. 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.</p> <p data-bbox="240 757 1485 913">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.</p> <p data-bbox="240 947 1485 1070">During the audit period, there was one closed case alleging staff sexual harassment. The case was fully investigated and deemed unfounded. WFYCF reported that there were zero 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, documentation, and staff interviews.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 555">PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault and PCS.001.VOL.001 Volunteer Services 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.</p> <p data-bbox="229 555 1509 703">During the audit period, there were no reports of sexual abuse by contractors or volunteers for violating agency sexual abuse/sexual harassment policies. The facility reported there were no remedial measures warranted against contractors or volunteers for violating agency sexual abuse or sexual harassment policies. WYCF's compliance with Standard 115.77 was determined by a review of NJ DOC policies, facility reporting, as well as interviews with the PREA Compliance Manager</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1497 499">PCS.001.008 PREA Compliance; IMM.001.004 Zero Tolerance Prison Sexual Assault; ADM.008.000 Inmate Disciplinary Hearing Program MGO; Inmate Handbook on Discipline Updated 5 13 2021: and NJAC 10A, Chapter 4 relates to inmate discipline in the NJ DOC. NJAC 10A Chapter 12 Subchapter 12 and policy IMM.001.004, discuss zero-tolerance offenses for which an inmate in the NJ DOC 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. While not a PREA sexual assault issue, consensual sex or sexual harassment of any nature is prohibited and will result in discipline.</p> <p data-bbox="240 528 1497 656">NJ DOC inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse/harassment or following a criminal finding of guilt for an inmate on inmate sexual abuse/harassment. Any inmate who violates the zero-tolerance of sexual abuse/sexual harassment shall be subject to inmate discipline in accordance with NJAC 10A:4 Inmate Discipline. Additionally, pursuant to</p> <p data-bbox="240 685 1497 913">N.J.A.C. 10A:4-4.2, all prohibited acts that may constitute crimes of the first (including aggravated sexual assault), second (including sexual assault), third or fourth degree under the Criminal Code of the State of New Jersey (N.J.S.A. 2C:1-1 et seq.) shall be referred to the prosecutor of the county in which the correctional facility is located. Such discipline is applied via a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse/harassment or following a criminal finding of guilt for inmate-on-inmate sexual abuse/harassment. NJ DOC disciplinary sanctions include a range of severity based on the category of the sexual offense charge. The disciplinary process also has built-in, a referral process for mental health intervention throughout the disciplinary process.</p> <p data-bbox="240 943 1497 1137">Inmates cannot legally consent to sexual contact with a staff member, contractor, or volunteer. It is against the law for any staff member, contractor, or volunteer and an inmate to have a sexual relationship of any kind. Inmates are not disciplined for sexual contact with staff, contractors, or volunteers unless it is determined that the staff member did not consent to the contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.</p> <p data-bbox="240 1167 1497 1294">Inmate on inmate consensual sex is prohibited conduct at NJDOC facilities and is subject to discipline in accordance with NJAC 10:A Chapter 4, Inmate Discipline. WFYCF offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 1323 1497 1417">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 involving sexual abuse for the applicable audit period, and a review of investigative files confirmed WFYCF's compliance with this standard.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 465">PCS.001.008; MED.IMA.001 (Health Appraisals at Reception); 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. PREA risk screening criteria are reflected in the EMR encounters for nursing, provider, and psychological intake and ongoing PREA monitoring.</p> <p data-bbox="242 499 1485 857">The agency 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. The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist direct 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. A comprehensive PREA risk screening encompassing nursing, provider, and psychological intake is usually performed at the initial intake into the correctional system at the designated reception center. Data is available for review at each subsequent intra-system transfer.</p> <p data-bbox="242 891 1485 1249">The auditor sampled 18 cases that received PREA risk screenings into WFYCF during the audit period. As customary, a previous victimization/abusiveness designation was already assessed and entered by healthcare staff at a previous facility. Included in the screening form is a section called "Receiving Chart Review Section". In this section, there is a question as to whether a 14-day follow-up is required based on a current assessment of victimization/abusiveness risk. This serves as a prompting of staff to monitor the need for follow-up assessments. In the above-referenced sample, two cases were deemed "victim or perpetrator". However, in the "Receiving Chart Review Section", they were designated as not needing a " PREA 14 day follow-up". The auditor determined that all cases are adequately tracked for the need of applicable PREA follow-up mental health services. Information dissemination instructions as well as the appropriate use of such are included in the EMR screening module. Signed and dated informed consent forms are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. WFYCF 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.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 600">As codified at N.J.A.C.10A:16-2.10 Emergency medical treatment, emergency medical care shall be available to inmates 24 hours per day, seven days per week. General emergency response procedures for all medical emergencies within the NJDOC prison system are described in MED.EME.005 Emergency Response. MED.MLI.007 Sexual Assault establishes specific procedures to ensure that NJDOC healthcare staff is able to respond immediately and appropriately to allegations of prison sexual assault or abuse. Healthcare staff shall follow the institution's written plan for responding to allegations of sexual assault or abuse of inmates. All incarcerated individuals under the jurisdiction of the NJDOC have access to 24-hour emergency mental health services in order to ensure provisions of care in the event of an unexpected or acute mental health problem or a crisis that cannot be deferred to the next available scheduled service. In the case of a PREA victim, mental health services are available prior to transport to an emergency facility and following an inmate's return to the facility. Prior to the transport, the mental health staff will assess the inmate's suicide risk and ability to proceed with forensic interventions.</p> <p data-bbox="242 629 1449 689">They also provide supportive counseling and may consult psychiatry if that is needed. MED.MLI.007 and MED.IMHC.010 (Co-Pay), address the requirements of Standard 115.82.</p> <p data-bbox="242 719 1477 981">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. The policy excludes co-pays for emergency services. 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. The 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.</p> <p data-bbox="242 1010 1490 1240">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.</p> <p data-bbox="242 1270 1490 1697">Medical personnel at WFYCF are available 24 hours per day, seven days a week, and are available for consultation or call-back. Mental health providers are on-site at WFYCF 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 WFYCF 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. Staff interviews indicated there is no financial cost to the inmate for emergency services. All sexual abuse-related emergency medical or mental health care or victim advocacy services, 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 at WFYCF during the audit period that required referral for forensic evidence collection by a Sexual Assault Nurse Examiner (SANE). 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 agency policy, documentation, and the nature of PREA allegations during the audit period. Interviews were conducted with medical and mental health staff.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 501">PCS.001.008 PREA Compliance; MED.MLI.007 Sexual Assault; and MED.MHS.002.010 - Counseling Services-Sexual Assault addresses the requirements of Standard 115.83. Following PREA standards, mental health staff will evaluate 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 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.</p> <p data-bbox="229 524 1509 689">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 include 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 medical and mental health services consistent with the standard of care available in the community.</p> <p data-bbox="229 712 1509 963">WFYCF is an all-male facility. There were no reported cases of inmate-inmate 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 is 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. Facility compliance with this standard was determined by a review of policy and documentation and interviews with specialized medical and mental health staff.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1484 633">PCS.001.008 PREA Compliance, and PCS. 001.PREA.001, Sexual Assault-PREA Advisory Committee address the requirements of this standard. A Sexual Assault Advisory Council (SAAC) is a council that convenes at the facility and headquarters levels to review all allegations and instances of sexual abuse/sexual harassment. The committee performs the function of assessing and improving PREA prevention, detection, and response; and reviews on a case by case basis, housing requests for transgender/intersex inmates based on gender identity. Policy requires that facility incident reviews are ordinarily convened within thirty (30) days of the conclusion of the investigation. The SID will then present the completed investigation case for review at a central-office SAAC meeting where a final determination is rendered as Substantiated, Unsubstantiated or Unfounded. These reviews are done for all allegations of sexual abuse and/or harassment as defined by PREA. 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.</p> <p data-bbox="240 665 1474 857">Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. WYCF 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 concluded sexual abuse investigation. The incident review process at the facility level is directed by the IPCM. Based on a review of three sampled cases, the facility-based SAAC conducted incident reviews on all closed cases within 30 days.</p> <p data-bbox="240 889 1453 1016">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. Based on a review of documentation pertinent to three closed cases, and an interview with the facility IPCM, the facility is found compliant with this standard.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1477 432">PCS.001.008 PREA Compliance; and PCS. 001.PREA.001, Sexual Assault-PREA Advisory Council (SAAC) addresses the requirements of Standard 115.87. NJDOC participates in federal data collection on the incidence of prison rape through the annual Survey of Sexual Victimization (SSV) as administered by the U.S. Department of Justice, Office of Justice Programs, and Bureau of Justice Statistics (BJS). As required by PREA, BJS collects information on the incidence of prison rape to aid correctional administrators in addressing the prevention, reporting, investigation, and prosecution of such incidence.</p> <p data-bbox="242 463 1461 524">Pertaining to allegations of sexual abuse or harassment at contracted private facilities (RCRP's), NJDOC's policy indicates the agency collects, reviews, maintains, and includes this data in the annual survey.</p> <p data-bbox="242 555 1461 680">The agency-level SAAC pursuant to PREA Standards 115.86, (Sexual Abuse Incident Reviews) and 115.88, (Data Review for Corrective Action), issues corrective action reports, if necessary, upon completion of the case review and monitors the implementation of recommended corrective actions. Division head recipients are required to review the SAAC recommendations and notify the PREA Agency Coordinator of their findings within four (4) weeks of receipt.</p> <p data-bbox="242 712 1485 1039">As confirmed by a review of support documentation, the agency 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. During this audit period, the facility level SAAC and the central office SAAC did not recommend any policy changes as a result of incident reviews and found staffing and established procedures adequate to respond to sexual abuse and harassment incidents. 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. An Annual Report is prepared and placed on the departmental website. Agency compliance with this standard was also determined by a review of policy and tracking documentation, and staff interviews.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 432">PCS.001.PREA.001 (SAAC); and the 2019 PREA Annual Report address the requirements of Standard 115.88. The NJ DOC's SAAC at both the facility and central office levels 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 problem areas, and to take corrective action if needed. The facility Administrator and IPCM forward data to the headquarters level SAAC and PREA Coordinator. An Annual Report is prepared and placed on the departmental website.</p> <p data-bbox="244 465 1481 589">The Annual Report was reviewed by the auditor. The content of the 2019 report prepared at the end of Cycle 2, year 3, was found in accordance with 115.88 requirements. The report can be found at the following website address: www.nj.gov/corrections/prea. Facility compliance with Standard 115.88 was determined by a review of policy, a review of analysis and data contained in the annual report, and staff interviews</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PCS.001.008 PREA Compliance addresses this standard. 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 Electronic Medical Record in real-time. The PREA E-Management System addresses the broad areas of prevention, detection, and response to allegations of sexual victimization. NJ DOC annually compiles and posts a Commissioner level approved report of the department's rate of sexual abuse/harassment on the official NJ DOC webpage. 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 security and protection practices.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1481 432">The last WFYCF PREA audit was conducted in October 2016 Cycle 2; year 1). Based on a review of the NJ DOC's public website, during the prior three-year period, the agency has ensured that all facilities have received a PREA audit. This is the second year of the current audit cycle. There is no information published regarding the audits conducted during the term August 2019 thru August 2020. However, there were scheduled audits during the first year of the current audit cycle, which were postponed due to the COVID-19 pandemic and the limitations imposed.</p> <p data-bbox="244 465 1481 622">The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. WFYCF also allowed the auditor to conduct private interviews with both inmates and staff. Document submittals were reviewed for their applicability to the PREA standards. Interview results were cross-referenced to physical and documentary evidence. Audit notices were available to the inmate population in a timely manner. No correspondence was received by the auditor from WFYCF inmates. The facility and agency have fully institutionalized the objectives of the PREA.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has posted all audit reports on its website within ninety days of its completion. The public has access to reporting mechanisms and NJ DOC PREA data trends via the agency's website. Based on a review of data and audit reports published and accessible to the public, WFYCF is compliant with this standard.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	no
115.13 (b)	Supervision and monitoring	
	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.)	no
115.13 (c)	Supervision and monitoring	
	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?	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?	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?	no

115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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?	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?	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?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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 receive 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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	no

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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?	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
	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
	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)?	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
	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?	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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?	no

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	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
	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

115.43 (b)	Protective Custody	
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	no
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files 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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 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?	yes
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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

115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, 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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal 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, there has never been a Final Audit Report issued.)	yes