

PREA Facility Audit Report: Final

Name of Facility: South Woods State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/19/2023

Date Final Report Submitted: 05/17/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: sonya C Love	Date of Signature: 05/17/2024

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	07/26/2023
End Date of On-Site Audit:	07/31/2023

FACILITY INFORMATION	
Facility name:	South Woods State Prison
Facility physical address:	215 South Burlington Road, Bridgeton, New Jersey - 08302
Facility mailing address:	

Primary Contact

Name:	Hope Johnson
Email Address:	Hope.Johnson@doc.nj.gov
Telephone Number:	856-459-7000 x8310

Warden/Jail Administrator/Sheriff/Director	
Name:	Keisha Fisher
Email Address:	Keisha.Fisher@doc.nj.gov
Telephone Number:	856-459-7000 x 7012

Facility PREA Compliance Manager	
Name:	Hope Johnson
Email Address:	Hope.Johnson@doc.nj.gov
Telephone Number:	O: 856-459-7000 8310

Facility Characteristics	
Designed facility capacity:	3532
Current population of facility:	3193
Average daily population for the past 12 months:	2902
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:	20-91
Facility security levels/inmate custody levels:	Maximum, Medium, Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the	1090

facility who may have contact with inmates:	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	132
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	26

AGENCY INFORMATION	
Name of agency:	New Jersey Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	1300 Stuyvesant Avenue, Trenton, New Jersey - 08618
Mailing Address:	
Telephone number:	6092924036

Agency Chief Executive Officer Information:	
Name:	Comm. Victoria L. Kuhn, Esq.
Email Address:	Victoria.Kuhn@doc.nj.gov
Telephone Number:	609-292-4036-5656

Agency-Wide PREA Coordinator Information			
Name:	Sandra Capra	Email Address:	Sandra.a.capra@doc.nj.gov

Facility AUDIT FINDINGS
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:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-26
2. End date of the onsite portion of the audit:	2023-07-31

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:	SERV, Services Empowering the Rights of Victims, Residential Aide.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3532
15. Average daily population for the past 12 months:	3183
16. Number of inmate/resident/detainee housing units:	34
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:	3209
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:	2
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:	9
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:	12
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:	5
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:	3
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:	12
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:	5
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:	8
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):	NJDOC, certain stats are not tracked over 12 months. The stats provided reflect the number of inmates/confined persons identified on the first day of the audit.
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:	1090
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:	26

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:	132
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:	Volunteers are religious leaders from the community. During the facility onsite audit zero volunteers were on site.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Sample identification included several factors such as housing unit, disability type, LEP, identification as bisexual or gay, transgender or intersex, segregation status (PREA-related), reported sexual abuse and reported sexual victimization during risk screening.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	One inmate/confined person located in segregation made a request for an interview. After South Woods made accommodation
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	32
<p>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:	12
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:	3

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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>Medical practitioners confirmed that during the on-site portion of this audit, zero inmates/confined persons were assigned to South Woods. During the facility tour, this Auditor noted zero inmates/confined persons who were blind or had low vision.</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:	5
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:	3
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:	2

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:	8
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:	5
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:	8
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

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>This Auditor toured segregation informally speaking to each inmate/confined person awake. Zero inmates/confined persons were placed in segregated housing/isolation due to sexual victimization. One inmate/confined person requested to speak privately with the Auditor. South Woods accommodated the inmate/confined persons' request for an interview. Ultimately, the inmate refused to leave his cell and declined the interview. He gave no reason for his change of mind.</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>The transgender and victims who reported sexual victimization were each oversampled. The transgender population was oversampled per request once onsite.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	<p>20</p>
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </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):	No text provided.
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):	14
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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Medical, mental health, and other staff are contract employees. Some staff was interviewed as contract staff and according to their functional role in the facility.

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.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

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)?

☒ Yes

☐ No

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)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

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>Telephones were tested in each living unit to determine access to an outside advocacy organization and to allow for third-party reporting. The facility offers inmates and confined persons access to tablets to communicate internally and externally. Inmates/confined persons had access to writing instruments unless mental health imposed an individualized safety plan.</p>
Documentation Sampling	
<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>	
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> <input checked="" type="radio"/> Yes <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.).	<p>Transgender and inmates/confined persons with a history of victimization were oversampled.</p>
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>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.</p>	

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	28	1	20	7
Staff-on-inmate sexual abuse	74	1	68	5
Total	102	2	88	12

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	21	0	21	0
Staff-on-inmate sexual harassment	36	0	36	0
Total	57	0	57	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	1	1	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0	0
Total	2	2	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	7	1	20	1
Staff-on-inmate sexual abuse	19	8	46	1
Total	26	9	66	2

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	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	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	2	1	18	0
Staff-on-inmate sexual harassment	8	6	22	0
Total	10	7	40	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:

102

99. Did your selection of SEXUAL ABUSE 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 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:	20
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 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:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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 checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	5
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:	5
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:

2

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

Initially, stats submitted by South Woods into OAS were incorrect. This Auditor examined 34 investigative files, which include five investigations in which an inmate/confined person alleged sexual abuse while assigned to South Woods, one PREA-related grievance, four SANE investigations, and one supplemental investigation which is attached to a SANE investigation collectively from this audit year.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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.

☐ Yes

☒ No

Non-certified Support Staff

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.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The State of New Jersey, Department of Corrections, Policy Number IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, and Policy Number PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, address this standard.</p> <p>115.11 (a): The New Jersey Department of Corrections (NJDOC) has a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. See Policy Number IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, and Policy Number PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment.</p> <p>115.11 (b): During her interview, the NJDOC Commissioner confirmed the employment of a full-time designated upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. On October 22, 2022, NJDOC</p>

	<p>hired a full-time agency PREA Coordinator. She is an attorney at law in the State of New Jersey with more than 26 years of experience. This PREA Coordinator brings a wealth of knowledge and experience along with a background serving as a former County Prosecutor of Special Victims Unit, with the responsibility for managing cases such as sexual child endangerment cases and sexual assault cases.</p> <p>115.11 (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>South Woods has a designated PREA Compliance Manager. The PREA Coordinator confirmed that NJDOC has PREA Compliance Managers assigned to all facilities operated by NJDOC. During her interview, the PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports to the facility Warden/superintendent. By examination, this Auditor confirmed PREA Compliance Managers were assigned to facilities sampled to determine compliance with this substandard, such as Edna Mahan, Mid-State, and South Woods.</p> <p>The following were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. NJDOC Commissioner
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>State of New Jersey, Department of Corrections, Policy Number, IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, Policy Number, PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, Policy Number, PCS 011.000, Office of Community Programs, Mission, Goals and Objective, Policy Number, PCS-2019, Office of Community Programs, State of New Jersey, Department of Corrections, Request for Proposal, Residential Community Release Programs, Related Authority: Federal Prison Rape Elimination Act of 2003 (PREA) 42 U.S.C. §§15601, 28 C.F.R. address Standard 115.12.</p> <p>115.12 (a): A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include</p>

in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. NJDOC is a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies.

NJDOC has 12 contracts for the confinement of its inmates/confined persons with private agencies or other government agencies. By examination of 12 contracts, the Auditor confirmed that included in a NJDOC contractual agreement for the confinement of its inmates/confined persons is the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012. All new contracts or contract renewals signed on or after August 20, 2012, should provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Agreement for the operation of Residential Community Release Programs between The State of New Jersey Department of Corrections and a residential provider indicates in Section 1.11 Compliance with all applicable laws required the Contractor to comply with the legal requirements outlined in the contract as well as any other applicable laws, regulations, or codes is deemed mandatory and cannot be waived by the State of New Jersey or NJDOC. Further, the list of rules, regulations, and codes cited herein in Section 1.11 was not intended to be exhaustive and is made available for review at the State Library, 185 W. State Street, Trenton, NJ 08625. While Section 1.11 speaks broadly regarding compliance with all applicable laws, Section 1.11 omits specific language regarding compliance with PREA standards. This standard requires corrective action.

115.12 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. This standard requires corrective action.

The following was interviewed to determine compliance with this standard:

1. Agency's Contract Administrator
2. NJDOC Commissioner

Corrective Action:

1. 115.12 (a): The PREA Coordinator will create a memo for all private agencies and entities contracting for the confinement of inmates/confined persons for NJDOC. The memo will put contracting facilities on continuous notice and serve as a reminder that per contractual language included in Section 1.11 of the contract with the NJDOC for housing of our Incarcerated Persons (IPs), adherence and compliance with the Prison Rape Elimination Act is required.
2. Update. During an interview with the NJDOC Commissioner, she confirmed that all contracts for confinement inmates/confined persons for NJDOC have been updated to reflect the language outlined in this standard. During an audit of a residential community agency that contracts with NJDOC, this Auditor examined evidence of compliance with this standard by NJDOC provide in Garden State documentation relative to this standard.

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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The State of New Jersey, Department of Corrections, Policy Number IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, and Policy Number PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, NJDOC Annual Staffing Analysis, South Woods Internal PREA Audit 2023, Collapse Post Report, Alpha Logbook, CUS 001.CRP (camera review procedures) addresses the requirements of PREA Standard 115.13.</p> <p>Standard 115.13 (a) stipulates that the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply regularly with a staffing plan that provides adequate staffing levels. In facilities, where applicable, video monitoring protects inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. NJDOC/South Woods developed a staffing plan that considers all variables outlined in this standard. The submitted staffing plan considered deploying video monitoring and other monitoring technology to augment and enhance staff supervision and monitoring in the facility. Problematic: the staffing plan dated March 8, 2022, reflects the need for a 2023 annual review. Also omitted as evidence in 2022 was a review by the agency's PREA Coordinator. This substandard requires corrective action.</p> <p>During the facility tour, this Auditor observed NJDOC correctional staff posted throughout all living units and sight lines. The facility tour included face-to-face rounds in segregation. One segregated inmate/confined person, by his own account, placed in that segregation for behavior-related issues, requested to meet with me privately. South Woods arranged for me to speak with the inmate/confined person housed in segregation in a private room. The inmate/confined person from segregation later declined the offer for the meeting. The inmate/confined person in segregation offered no additional information.</p>

Recreation fields were specific to each building. Inmates/confined persons were observed playing basketball, exercising, and walking within a contained recreation yard. Moving around the complex required correctional assistance from the control rooms and communication with outside correctional staff posted in every housing unit. The inmate/confined person said he would send this Auditor a letter discussing his concerns. This Auditor did not receive correspondence from the inmate/confined person in question. The Auditor also noted camera placement throughout each housing unit to rule out blind spots and poor sight lines. Overcrowding was not a factor during this onsite visit. On 7/26/23, the population in custody at South Woods was 3209. Informal conversations occurred between this Auditor and inmates/confined persons in each living unit. Zero of 50 inmates/confined persons (random and targeted) voiced concerns regarding South Woods supervision practices.

115.13 (b): When the staffing plan is not complied with, the PREA Compliance Manager indicated during her interview that South Woods documents and justifies all deviations from the plan. The PREA Compliance Manager denied that South Woods experienced any deviation from the year 2022 staffing plan. Moreover, the 2023 staffing plan should have been included as evidence of this standard. The corrective action for this standard requires submitting a current staffing plan and a review by the agency PREA Coordinator. Problematic to determine a level of compliance with this substandard requires additional evidence. South Woods will submit a sample of random staffing reports for 2022/2023 for review by this Auditor. This substandard requires corrective action.

115.13 (c): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established under, paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan. During her interview, the PREA Coordinator confirmed a review of the South Woods staffing plan.

This Auditor reviewed the annual review for the year 2021. The staffing report for 2022 and 2023 was unavailable. This is problematic and requires corrective action. A sample of unannounced rounds for all 12-hour shifts will be compared against staffing reports to determine if any deviations exist, safety considerations, limits to programming, or staff shortages. Staff supervisors sampled during the onsite portion of this audit confirmed a duty to conduct rounds on their assigned shifts. Zero intermediate- or higher-level facility staff supervisors interviewed indicated experiencing staff shortages during this reporting period. Shift supervisors sampled during the audit noted that South Woods utilized overtime to supplement staff shortages or systematic post-closure of non-essential posts to increase security presence on mandatory posts.

115.13 (d): Each facility agency shall implement a policy (The State of New Jersey, Department of Corrections, Policy Number IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, and Policy Number PCS.001.008, Prevention, Detection and Response

of Sexual Abuse and Harassment), mandates a practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night and day shifts. Each agency shall have a policy to prohibit 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. A review of logbooks for South Woods confirmed the practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

The following was interviewed to determine compliance with this standard:

1. Warden/Designee
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher Level Facility Staff

Corrective Action:

Any additional corrective action is contingent on South Woods' providing evidence to satisfy the corrective actions outlined below.

1. Additional documentation of unannounced rounds. Unannounced rounds should cover every shift (e.g., housing unit logbooks). Additional corrective action will be contingent on the evidence provided by South Woods and the level of compliance with this standard. A review of unannounced rounds confirmed that South Woods had 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. The practice of conducting unannounced rounds is documented in unit logbooks.

1. 02/26/24 - 03/1/24 (2)
2. 12/25/23 - 12/29/23 (2)
3. 09/4/23 - 09/8/23 (2)

2. The staffing plan must include documented evidence of a staffing plan development process (e.g., the year 2022/2023) and include a review by the agency PREA Coordinator. The facility provided evidence through annual facility South Woods staffing plans. During the corrective action period, the agency PREA Coordinator confirmed reviewing corrective action plans for 2022-23.

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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>State of New Jersey, Department of Corrections, Policy Number, IMM.001.004, Zero Tolerance Policy: Prison Sexual Assault, Policy Number, PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment address this standard.</p> <p>115.14 (a): Policy Number, PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment , page 11-12 indicates that a youthful inmate shall not be placed in a housing unit where the youthful inmate will have sight, sound, or physical contact with any adult inmate using a shared dayroom or other common space, shower area, or sleeping quarters. This facility does not house youthful inmates/confined persons under the age of 18 years old.</p> <p>115.14 (b): In areas outside of housing units, agencies shall either (1) maintain sight and sound separation between youthful inmates and adult inmates or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. This facility does not house youthful inmates/confined persons under the age of 18 years old.</p> <p>115.14 (c): Agencies shall make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also</p>

	have access to other programs and work opportunities to the extent possible. This facility does not house youthful inmates/confined persons under the age of 18 years old.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy CUS.001.SEA.011 Searches of Inmates and Correctional Facilities, Policy CUS.001.GRC.001 Gender Restriction of Custody Post, Policy PCS.001.TGI.01, Transgender and Intersex Inmates, New Jersey Administrative Code (NJAC), Title 10 A:3-5.6, Corrections, Chapter 3, Security and Control, Subchapter 5, Searches of Inmates and Facilities, April 2019, regarding Pat Searches, New Jersey Administrative Code (NJAC), Title 10 A:3-5.7, Corrections, Chapter 3, Security and Control, Subchapter 5, Searches of Inmates and Facilities, April 2019, regarding Strip Searches as well as Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault and Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse all address Standard 115.15 Limits to cross-gender viewing and searches.</p> <p>115.15 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. (See Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 13-16).</p> <p>All random staff (20) sampled during this audit confirmed completion of training on conducting cross-gender strip searches or visual body cavity searches. South Woods employee training records were sampled during this audit, and the training curriculum that pertains to this standard was reviewed. All random and targeted inmates/confined inmates interviewed denied being subjected to cross-gender strip searches or visual body cavity searches.</p> <p>Moreover, inmate/confined person searches are conducted under NJAC 10A:3-5 Pat Searches and NJAC 10A:3-5.6 Strip Search policies. Policy PCS.001.TGI.01 Transgender and Intersex Inmates provides facilities with guidance for searching a vulnerable group of inmates/confined persons with a degree of respect and professionalism. According to random (custody staff) interviewed during the audit, custody staff of like or opposite gender may be assigned to conduct metal detector searches of inmates/confined persons regardless of the inmate/confined person's gender. According to the Superintendent, custody staff of the same gender as the inmates/confined persons being searched will conduct the strip search of an inmate/confined person. No member of the opposite gender shall conduct or be present during a strip search except under emergent conditions as ordered by the facility Superintendent/Warden, Associate Administrator, Assistant Superintendent, or the highest-ranking custody</p>

supervisor on duty. During the facility tour, this Auditor noted that zero opposite-gender staff members were assigned to monitor video surveillance in control rooms. All transgender/Intersex Inmates interviewed confirmed during the audit that South Woods provided gender search identification cards, which provide staff with guidance on inmate/confined person search preferences.

115.15 (b): As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.

South Woods has a rated capacity of 3532. It is a male facility with zero transgender males assigned. On the first day of the on-site audit, the population was 3209. The agency has a policy in place that outlines search procedures, such as Policy CUS.001.SEA.011 Searches of Inmates and Correctional Facilities, pages 6, 7 and Policy CUS.001.GRC.001 Gender Restriction of Custody Post.

Policy CUS.001.GRC.001 Gender Restriction of Custody Post, Post Assignments indicates when two (2) or more officers are assigned to a housing unit, post, or detail (which requires the inmate/confined person(s) to be strip-searched) at least one (1) of the officers must be of the same sex as the inmates/confined persons residing on the unit or working on the detail. When such requirements are present, each facility will specify through job code which post or detail position and relief position, if applicable, are gender restricted. This practice shall ensure that the remaining position(s) can always be posted without gender restriction. All additional officers assigned to the unit or detail may be done so without gender restriction. When only one (1) officer is assigned to a post that requires strip searching of inmates/confined inmates, that officer will be of the same sex as the inmates/confined persons being strip searched. When a post is a (1) officer position and does not require strip-searching inmates, the assigned officer and relief may be an officer of the opposite gender to the inmate/confined person population on site. The only exception is where there exist elements where gender-specific staffing is required and has been approved by EED and the 002 Committee for Gender Restricted designation. All random staff (20) sampled were aware of Policy CUS.001.GRC.001 Gender Restriction of Post, Post Assignments.

115.15 (c): According to all random staff (20) interviewed and confirmed, South Woods would document all cross-gender strip and visual body cavity searches in the unit logbook and complete an incident report. Cross-gender pat-down searches of female inmates/confined persons or transgender people would also be documented unless the inmate/confined person indicated a particular preference for the gender of the staff searching or in exigent circumstances. During interviews, staff were able to provide this auditor with examples of exigent circumstances, such as medical emergencies or natural disasters transporting inmates/confined persons to safety.

115.15 (d): South Woods has implemented policies and procedures that enable inmates/confined persons to shower, perform bodily functions, and change clothing without a non-medical 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. Such policies and procedures shall require a staff of the opposite

gender to announce their presence when entering an inmate/confined person housing unit. During the onsite portion of this audit, all random and targeted inmates/confined persons sampled confirmed the ability to shower, perform bodily functions, and change clothing without a non-medical 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. Zero intersex inmates/confined persons were interviewed. All random staff interviewed indicated that inmates/confined persons are allowed to shower, perform bodily functions, and change clothing without a non-medical 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.

At the time of this audit, a total of 50 interviews were conducted with random and targeted inmates/confined persons; twelve transgender females were assigned to South Woods, and eight were interviewed onsite during the audit process. Zero transgender people interviewed voiced concerns regarding policies and procedures that enable inmates/confined inmates to shower, perform bodily functions, and change clothing without a non-medical 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. It should be noted that two inmates/confined persons with hearing disabilities indicated difficulty hearing the verbal opposite-gender announcements. But denied problems with showers and performing bodily functions with a measure of privacy. Two other inmates/confined persons responded I don't pay attention; sometimes doors close, and you can't hear anything.

During the facility tour, inmates/confined persons communicated by shouting and going up and down the cellblock. The Auditor toured and observed areas where inmates/confined persons may be undressed, such as intake, medical, and living units. Inmates/confined persons observed in common areas of the living units were appropriately dressed. PREA-related shower curtains provided inmates/confined persons in the showers with a measure of privacy.

Outside the housing units (e.g., medical areas, intake cells/showers/areas, transport holding areas, recreation areas). Opposite-gender announcements were made during the facility tour.

115.15 (e): The facility shall not search or physically examine a transgender or intersex inmate to determine the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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. During interviews with random staff, all confirmed agency mandates and policies regarding the prohibition of searching or physically examining a transgender or intersex inmate/confined person to determine the inmate/confined person's genital status. All denied searching or physically examining a transgender or intersex inmate/confined person to determine the inmate/confined person's genital status. Zero investigative reports identify an incident or allegation of inmates/confined persons being searched or physically examined to determine a genital status. Twelve transgender females were

assigned to South Woods, and eight were interviewed onsite during the audit. Zero transgender inmates/confined persons interviewed indicated ever being searched or physically examined to determine their genital status. Zero intersex inmates/confined persons were interviewed during this audit.

115.15 (f): During interviews with random staff (20), each confirmed that NJDOC trains security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates/confined persons professionally and respectfully and in the least intrusive manner possible, consistent with security needs. Problematic evidence is required to confirm training as outlined in this standard.

Noteworthy:

South Woods is a male facility. Zero logs were reviewed of cross-gender pat-down searches of transgender males to identify documentation of exigent circumstances. Zero videos were reviewed documenting pat-down searches of transgender males conducted by male staff. Zero transgender males were assigned to this facility during the onsite portion of this audit.

The following was interviewed to determine compliance with this standard:

1. PREA Coordinator
2. PREA Compliance Manager
3. Random Staff
4. Specialized staff
5. Inmate Interview Questionnaire
6. Transgender/Intersex Inmates

Corrective Action:

Any additional corrective action is contingent on South Woods ' providing evidence to satisfy the corrective actions outlined below.

1. The Auditor will select random staff (31) training files to confirm the training of security staff as outlined in this standard. Training files were reviewed as outlined in the corrective action plan.
2. The Auditor will review the training curriculum to determine compliance with this standard as provided by the Division of Training, Recruitment & Professional Development In-Service Unit, Training Academy, to include the following dates:
 - 4/1/22 - 4/30/22
 - 5/31/22 - 6/1/22
 - 6/1/22 - 5/31/23.

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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy SUP.004.001 Limited English Proficient (LEP) Language Assistance Bilingual Staff and Use of the Language Line, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy PCS.001.DFH.01 Deaf/Hard of Hearing Inmates, Policy IMM.002.003 Americans with Disabilities Act (ADA) and New Jersey Law Against Discrimination – Reasonable Accommodations for Inmates collectively address the policy requirements of Standard 115.16.</p> <p>115.16 (a): NJDOC takes appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing and providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, during the facility tour, this Auditor noted that NJDOC ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>According to the PREA Compliance Manager, NJDOC and South Woods State Prison have established procedures to provide disabled inmates/confined persons 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. Moreover, the agency takes reasonable steps to ensure meaningful access to all aspects of the</p>

agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of inmates/confined persons who are limited English proficient.

115.16 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for inmates who are limited English proficient. This includes providing interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary.

South Woods provided an interpreter during the intake process for a targeted sample of Spanish-speaking inmates/confined persons (with disabilities or who are limited in English proficiency (LEP) (4). During the facility tour, this Auditor observed PREA-related information and victim assistance notices posted in English and Spanish. Communicating with each LEP inmate/confined person required the assistance of bilingual correctional staff who spoke Spanish. South Woods also provided this Auditor with online language interpretive services to assist with audit interviews.

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.

Random and specialized staff sampled during this audit denied the use of inmate/confined person interpreters, inmate/confined person readers, or other types of inmate/confined person assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/confined person's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate/confined person's allegations.

Further, South Woods intake staff interviewed during the audit confirmed that PREA education is provided in verbal and written formats. The Auditor determined by examination that NJDOC takes 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 of inmates/confined persons who are limited English proficient (LEP). Inmates/confined persons interviewed randomly and targeted confirmed receiving PREA-related education in a language they understood.

During random staff interviews (100%), all staff sampled confirmed that they always refrain from relying on inmate/confined person interpreters, inmate/confined person readers, or other types of inmate/confined person assistance except in limited circumstances where an extended delay in obtaining an effective, interpreter could compromise the inmate/confined person's safety, the performance of first-response duties under §115.64, or the investigation of the inmate/confined person's allegations.

During her interview, the PREA Compliance Manager confirmed that in the last 12 months, South Woods State Prison did not rely on inmate/confined person interpreters, readers, or other types of inmate/confined person assistance for PREA

	<p>cases or investigations. During the on-site portion of the audit, the Auditor confirmed with the PREA Compliance Manager that statistical data relevant to this standard had remained unchanged since the development of the PAQ.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. NJDOC Commissioner 4. Random Staff 5. Inmates (with disabilities or who are limited English proficient)
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>NJDOC Policy ADM.006.007 Pre-Employment and ID Card Renewal Background Checks: Issuance of Employee/Volunteer ID Cards, PSM.001.011 Staff Selection and Promotion, PSM.001.001 The Reporting of Summons, Arrests, Incarcerations: The Confiscation of Firearms and Suspension of Firearms Privileges of New Jersey Department of Corrections Employees support Standard 115.17.</p> <p>115.17 (a): NJDOC by policy directive will not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who— (1) Have 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>During her interview, the Warden of South Woods State Prison confirmed that NJDOC prohibits the hiring or promotion of anyone who may have contact with inmates/ confined persons who have 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, prohibits the enlistment of services of any contractor who may have contact with inmates/confined persons 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, and the agency prohibits the enlistment of services of any contractor who</p>

may have contact with inmates/confined persons who has been civilly or administratively adjudicated to have engaged in the activity PREA related misbehavior.

115.17 (b): The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates, according to the Human Resources (HR) representative. According to the Human Resources Representative, the agency has a process for examining potential hire applicants. The examination process addresses Standard 115.17. NJDOC Procedure Internal Management PSM.NJDOC designates SSP.003 Panel Reviews, the Human Resource Manager (HR) to develop a “Résumé Review Criteria” form, which includes a PREA eligibility check for all applicants. The format is utilized during the interview process to make clear to all applicants that NJDOC prohibits the hiring or promotion of anyone who may have contact with inmates/confined persons and prohibits enlisting the services of any contractor who may have contact with inmates/confined persons, 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). This Auditor examined 17 criminal background checks (e.g., new hires, current staff, contract, and promotions) for compliance with Standard 115.17.

115.17 (c): According to the Human Resources (HR) representative, before hiring new employees who may have contact with inmates/confined persons, the agency shall (1) Perform a criminal background record check and (2) 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.

115.17 (d): According to the Human Resources (HR) representative, NJDOC performs a criminal background record check before enlisting the services of any contractor who may have contact with inmates. This Auditor examined 17 criminal background checks (e.g., new hires, current staff, contract, and promotions) for compliance with Standard 115.17.

115.17 (e): According to the Human Resources (HR) representative, NJDOC conducts criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have a system for otherwise capturing such information for existing employees. This Auditor examined 17 criminal background checks (e.g., new hires, current staff, contract, and promotions) for compliance with Standard 115.17.

115.17 (f): According to the Human Resources (HR) representative, NJDOC asks 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 and in any discussions or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct to employees. This Auditor examined 17 criminal background checks (e.g., new hires, current staff,

	<p>contract, and promotions) for compliance with Standard 115.17.</p> <p>115.17 (g): According to the Human Resources (HR) representative, any material omissions regarding such misconduct or the provision of materially false information are grounds for termination. This Auditor examined 17 criminal background checks (e.g., new hires, current staff, contract, and promotions) for compliance with Standard 115.17.</p> <p>115.17 (h): According to the Human Resources (HR) representative, unless prohibited by law, the agency shall 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.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Human Resources (HR) Representative 2. Warden
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy Number PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, Policy Number SUP.001.000, Capital Planning and Construction: Mission, Goals, and Objectives, pages 2-3, Internal Management Procedure # CUS.001.CRP.01, Camera Review Procedures, pages 1-6, Camera Count January 2023 document collectively address Standard 115.18.address this standard.</p> <p>115.18 (a): According to the NJDOC Commissioner, when designing or acquiring a new facility and planning any substantial expansion or modification of an existing facility, the agency considers the effect of the design, acquisition, expansion, or modification on its ability to protect inmates from sexual abuse. The NJDOC Commissioner detailed how collaboration with stakeholders, victim advocates, community women's groups, and correctional subject matter experts NJDOC seriously considers the population type, how strategic planning can reduce, if not eliminate, sexual violence through the use of more video cameras with improvements in clarity, positioning of the camera through a facility, and eliminating blind spots.</p> <p>115.18 (b): According to the agency head, NJDOC Commissioner, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The NJDOC Commissioner detailed how collaboration with stakeholders, victim advocates, community women's</p>

	<p>groups, and correctional subject matter experts NJDOC seriously considers the population type, how strategic planning can reduce, if not eliminate, sexual violence through the use of more video cameras with improvements in clarity, positioning of the camera through a facility, and eliminating blind spots.</p> <p>Policy SUP.001.000 Capital Planning and Construction addresses this standard. According to the Pre-Audit Questionnaire (PAQ), South Woods State Prison has not updated and installed an enhanced electronic video monitoring technology. According to the Warden/Superintendent, the purpose and placement of any new enhanced monitoring technology would be to maintain or improve sexual safety safeguards, protect inmates from sexual abuse, and eliminate blind spots in and around the facility. The PREA Compliance Manager confirmed for the Auditor that information contained in the facility PAQ remains accurate to date.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. NJDOC Commissioner 2. Warden
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Internal Management Procedure ADM.SID.035, Internal Management Procedure CUS.0010CSM.01 Crime Scene Management, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services, Internal Management Procedure MED.MLI.005 Forensic Specimen Collection, Internal Management Procedure MED.MLI.007 Sexual Assault, Internal Management Procedure 014 Procedures for Sexual Offenses, Internal Management Procedure MED.MHS.002.010 Counseling Services for Victims of Sexual Assault, Sample: Sexual Assault Victim's Bill of Rights, N.J. Stat. Ann. 52:4B-60.1 et seq., New Jersey Statutes, Title: 52, State Government, Department, and Officers, Chapter 4B: Section: 52:4B-50: Findings, declarations relative to Sexual Assault Nurse Examiner Program collectively address Standard 115.21.</p> <p>115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>South Woods State Prison houses no youthful inmates/confined persons. South Woods State Prison is an adult male facility with zero transgender males assigned during the</p>

on-site portion of this audit. NJDOC Special Investigations Division (SID)/Special Victims Unit (SVU) is responsible for investigating administrative allegations of sexual abuse. The Special Investigations Division, Administrative Investigations, Special Victims Unit (SVU) is a division under the Office of the Commissioner. , NJDO Special Investigations Division (SID/SVU) conducts criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The Special Investigations Division, Administrative Investigations, Special Victims Unit is responsible for investigating all allegations of sexual abuse at the agency level. Allegations of sexual abuse criminal in nature are referred to the local prosecutor's office, which is then apprised of all relevant facts on the incident. According to the agency PREA Coordinator, when necessary and after a discussion with the Cumberland County Prosecutor's Office, a determination is made if a SANE examination is warranted for an inmate/confined person who is an alleged victim of sexual abuse.

A PREA investigator interviewed during this audit confirmed that NJDOC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. New Jersey Department of Corrections/South Woods State Prison is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). NJDOC assigns to the Special Investigations Division (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 NJDOC policies and procedures by inmates/confined persons, staff and other individuals who visit NJDOC facilities.

All NJDOC SID/SUV investigators are required to complete the New Jersey Division of Criminal Justice Basic Course for Investigators. The specialized training ensures that such investigations are done thoroughly, competently, in an unbiased, objective manner, and using the most modern techniques and equipment possible. Evidence is collected during the sexual assault nurse examiner (SANE) exam and outlined in the confidential internal management procedure ADM.006.SID.035 Investigation Procedures. By examining four (4) PREA/SANE investigative reports, this auditor determined that a Forensic Registered Nurse gathers evidence during the SANE exam and any physical evidence collected at the facility, such as clothing and the location where the incident is said to have taken place. According to investigative reports, chain-of-custody evidence for the SANE Kit is employed by the New Jersey State Police of Forensic Science, Central Regional Laboratory, Hamilton, NJ., for forensic evaluation of the evidence. According to the 4 (four) SANE investigative reports examined, zero evidence (e.g., not detected saliva, spermatozoa, or semen) was found to substantiate allegations made in incident 2023-02-08-005, 2022-10-11-001, 2022-12-02-003 or 2023-03-29-003.

115.21 (b): The protocol shall be developmentally appropriate for youth where applicable and, as appropriate, shall be 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.

NJDOC confirmed investigative practices that align with this standard. Standard 115.21 mandates a protocol that is developmentally appropriate for youth where applicable and, as appropriate, be 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. Standard 115.21 (b)-1 is not applicable. South Woods does not house youthful inmates/confined persons.

115.21 (c): The agency shall 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. Such examinations shall be performed by sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The agency shall 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. Such tests shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. PAQ/Standard 115.21 (c)-9.

By examining four (4) PREA/SANE investigative reports, this auditor determined that the Forensic Registered Nurse performed a forensic examination during the past 12 months. Evidence provided by NJDOC supports four (4), not five (5) SANE exams during this reporting period. Examination of the New Jersey Department of Corrections, Special Investigations Division, and Criminal Investigation Reports support four (4) SANE examinations and one supplemental regarding incident # 2023-02-08-005-SVU. In all instances, NJDOC/South Woods communicated with the Cumberland Prosecutor's Office regarding the allegation of sexual abuse four (4) brought forth by inmates/confined persons at the facility. In each incident, four (4) where an inmate/confined person was transported to a hospital for a SANE examination, investigative records indicate that a Forensic Registered Nurse conducted the SANE examination in the emergency department upon reporting to Inspira Medical Center. In all incidents four (4), an inmate/confined person was transported to a hospital (Inspira Medical Center) for a SANE examination, and a victim advocate was also present. According to an Inspira Medical Center in the Emergency Room, Forensic Registered Nurse SANE Examiners are dispatched to all hospitals in New Jersey when needed through a medical Forensic Registered Nurse SANE dispatch call system 24/7. Once the dispatcher is notified, the Forensic Registered Nurse meets the victim of sexual assault at the hospital.

Internal management procedure MED.MLI.007 Sexual Assault establishes procedures

to ensure that NJDOC healthcare staff can respond immediately and appropriately to allegations of prison sexual assault or abuse. The victim is to be transported to an Emergency Department adequately equipped to assess (i.e., SANE Nurse) and provide required medical treatment, prophylaxis, contraceptives, pregnancy termination counseling, and gathering forensic evidence. As stated in MED.IMHC.010 Co-Pay for Eligible Health and Dental Care, emergency services are excluded from the co-pay requirement. In some instances, it will be necessary for NJDOC healthcare staff to be involved in the management or treatment of sexual assault cases to stabilize the inmate/confined person before transfer to the appropriate medical facility. In all cases, the physical health of the inmate/confined person takes precedence over forensic needs. MED.MLI.005 Forensic Specimen Collection also details the responsibility of medical and mental health employees and their involvement in collecting information for forensic purposes. Mental health services are also available to the victim before transport to an emergency facility and after an inmate/confined person returns.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

According to the PREA Coordinator, NJDOC makes a victim advocate from a rape crisis center available to the victim. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member., Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

115.21 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

According to the PREA Compliance Manager, on request by the victim, a victim

advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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: 1. The victim is 13 years of age or older; 2. The assault occurred within the past five days; and 3. The victim consents to SART activation. The SART comprises 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 and those incarcerated. For PREA allegations at NJDOC, SID contacts the county prosecutor, who gets the SART team for inmates/confined persons in that county. Victims of sexual assault are to be provided the opportunity to have the support of a rape care advocate before 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 allowed to speak privately with a rape care advocate before investigative and sexual assault medical forensic interviews or procedures. The rape care advocate is to explain the advocate's role and the services of the rape care program. They 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.

115.21 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

NJDOC SID/SVU is responsible for investigating allegations of sexual abuse. Specifically, NJDOC's Special Investigations Division, a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse. The agency PREA Coordinator confirmed that NJDOC SID/SVU, the investigative arm of this agency, follows the requirements of paragraphs (a) through (e) of this section.

115.21 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

The requirements of paragraphs (a) through (f) of this section shall also apply to (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails. Specifically, NJDOC's Special Investigations Division, a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse.

	<p>115.21 (h): For this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>For this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Random Staff 2. SAFEs/SANes Staff 3. PREA Compliance Manager 4. Inmates who Reported a Sexual Abuse 5. PREA Investigator
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Internal Management Procedure ADM.SID.035 Investigation Procedure, Internal Management Procedure CUS.0010CSM.01 Crime Scene Management, Policy ADM.006.011 Investigations by the Special Investigations Division, Internal Management Procedure MED.MLI.007 Sexual Assault, New Jersey Statutes, Title: 52, State Government, Department and Officers, Chapter 4B: Section: 52:4B-50: Findings, declarations relative to Sexual Assault Nurse Examiner Program collectively address Standard 115.22.</p> <p>115.22 (a): NJDOC Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Page 20-21, Policy ADM.006.011 Investigations by the Special Investigations Division, Page 2 and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, all indicate that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the PREA Coordinator and the SID PREA investigator (1) interviewed, NJDOC responds to, investigates, and supports prosecuting all sexual abuse and sexual harassment within the NJDOC correctional system, which includes external community partnerships with state and local organizations. NJDOC the agency assigns the Special Investigations Division (SID) the duty and responsibility to investigate violations of the laws of the United States and the State of New Jersey, as well as violations of the</p>

New Jersey Administrative Code (10A), New Jersey Criminal Code Title 2C, and NJDOC policies and procedures by inmates/confined person, staff, and other individuals who visit NJDOC facilities. According to the agency PREA Coordinator, the backlog is due in part to reorganization in the investigative division to improve the efficacy of the organizational unit.

Problematic: Some parts of the PAQ specific to this standard are inaccurate. During this audit reporting period, Substandard 115.22 (a)-2, South Woods PAQ reported, in the past 12 months, the number of allegations of sexual abuse and sexual harassment at 195, with 188 investigations pending during the current reporting period and 18 investigations closed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative inquiry is reported as zero. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as zero. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, all administrative and criminal investigations completed was approximately 13%, leaving 87% on investigations pending at South Woods.

After careful review by the Special Investigations Division (SID), it was determined that an inadvertent error occurred in reporting specific to Standard 115.22 during this audit reporting period, South Woods Substandard 115.22 (a)-2, should reflect, in the past 12 months, the number of allegations of sexual abuse and sexual harassment as 159, with 36 investigations pending during the audited reporting period. Of the 159 total cases, 123 investigations of sexual abuse and harassment were completed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative review was reported as zero, but upon careful review, it was revised to 123 investigations. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as zero, but, upon careful review, was two investigations. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, all administrative and criminal investigations completed was approximately 77%, leaving 23% on investigations pending at South Woods.

115.22 (b): NJDOC has a policy 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. The agency makes policies applicable to this standard available through the PREA Coordinator. NJDOC documents all such referrals to the prosecutor's office. A sample of investigative reports seven (7) for this period found consistent communications between the agency's liaison PREA investigators and the Cumberland County Prosecutor's Office regarding incidents of sexual abuse or sexual harassment. (See Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault). The Auditor determined that NJDOC documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

According to the PREA Coordinator, NJDOC SID/SVU accepts and investigates all verbal, written, and anonymous reports of sexual abuse, misconduct, and

harassment. A review of investigative records indicates that inmates/confined persons employed multiple methods to report sexual abuse and sexual harassment during this reporting period, such as verbally, JPay, and the administrative remedy system. Regardless of the reporter's method of reporting, if an NJDOC staff person, contract employee, or volunteer witnesses or receives information regarding alleged sexual assault or harassment between inmates/confined persons or inmates/confined persons and staff. Sexual abuse and sexual harassment must immediately report the information or incident to their immediate supervisor and shift supervisor. Random staff interviewed during the on-site portion of this audit confirmed receiving regular training on their responsibility to report under PREA at least yearly, during shift change, and by electronic communication.

115.22 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. NJDOC's Special Investigations Division, a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse. This substandard does not apply to South Woods.

NJDOC conducts its own sexual abuse and sexual harassment investigations. NJDOC's Special Investigations Division, a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse. A review of NJDOC PREA-related policies indicates a criminal prosecutorial relationship between South Woods and the Cumberland County Prosecutors Office. A sample of investigative reports seven (7) for this period found consistent communications between the agency's liaison PREA investigators and the Cumberland County Prosecutor's Office regarding incidents of sexual abuse or sexual harassment. (See Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault). The Auditor determined that NJDOC documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

115.22 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. NJDOC's Special Investigations Division, a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse.

115.22 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The following was interviewed to determine compliance with this standard:

1. NJDOC Commissioner
2. PREA Investigator
3. PREA Coordinator

	<p>Corrective Action:</p> <p>NJDOC concedes that the reporting was inaccurate, as stated in the PAQ. NJDOC/ South Woods will give the Auditor accurate stats regarding 115.22 (a) 1-4. During the corrective action period, upon careful review, the stats are now being reported as follows:</p> <p>After careful review by the Special Investigations Division (SID), it was determined that an inadvertent error occurred in reporting specific to Standard 115.22 during this audit reporting period, South Woods Substandard 115.22 (a)-2, should reflect, in the past 12 months, the number of allegations of sexual abuse and sexual harassment as 159, with 36 investigations pending during the audited reporting period. Of the 159 total cases, 123 investigations of sexual abuse and harassment were completed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative review was reported as zero, but upon careful review, it was revised to 123 investigations. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as zero, but, upon careful review, was two investigations. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, all administrative and criminal investigations completed was approximately 77%, leaving 23% on investigations pending at South Woods.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy ADM.010.004 Standards of Professional Conduct: Staff/Inmate Over Familiarity, NJDOC PREA brochure, New Jersey Training Plan/On the Job Training Session/Security Skills Evaluations/Learning Plan Transcript/ Acknowledgment of Receipt, NJDOC Basic Course and In-service for Correctional Staff Employees Policy 02-01-115, Sexual Abuse Prevention and Policy 01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets collectively address the policy requirement of Standard 115.31.</p> <p>115.31 (a): By examination, this Auditor determined that NJDOC trains all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and</p>

sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. During this audit, interviews with random and specialized staff confirmed participating in PREA-related training at least annually.

The PREA Compliance Manager indicates that PREA education for all custody staff trainees begins in the NJDOC Training Academy. New non-uniformed personnel receive PREA training as part of their Orientation. In addition, all NJDOC employees, volunteers, and contractors receive training on their duties and responsibilities under the Department's zero-tolerance policy. They are informed that they are required to immediately report any incident or allegation of sexual abuse/sexual harassment to the nearest custody staff member and their immediate supervisor. The NJDOC Training Academy staff updates the curriculum with external training assistance provided by the National PREA Resource Center (PRC).

115.31 (b): A review of the PREA-related training curriculum indicates that the training provided is gender-neutral and aligns with training resources offered by the PREA Resource Center. Such training shall be tailored to the gender of the inmates/confined persons at the employee's facility. The employee shall receive additional training if reassigned from a facility that houses only female inmates/confined persons or vice versa.

115.31 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years when an employee does not receive refresher training, the agency shall provide information on current sexual abuse and sexual harassment policies. According to the PREA Compliance Manager, all current employees are trained as a part of the new employee onboarding process. Participation in requisite PREA training is documented through employee signature or electronic verification, noting that employees understood the training they have received.

115.31 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. NJDOC has a written acknowledgment that documents on a specific date an employee received training (and understand said training) from the New Jersey Department of Correction regarding the Prison Rape Elimination Act (PREA) and the Department of Corrections; each employee is issued a copy of the Department of Corrections Brochure, Sexual Assault Prevention, and a copy of specific PREA staff brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment.

The following was interviewed to determine compliance with this standard:

	1. Random Staff
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault and Internal Management Procedure PCS.001.VOL.001 Volunteer Services address Standard 115.32.</p> <p>115.32 (a): By examination of training records, this Auditor determined that NJDOC/South Woods ensures that all volunteers and contractors who have contact with inmates/confined persons have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews with specialized contract staff also confirmed completing required PREA-related training bi-annually.</p> <p>115.32 (b): By examination of training records and review of PREA-related training curriculum, this Auditor determined that NJDOC/South Woods, the level and type of training provided to volunteers and contractors shall be based on the services they offer and the level of contact they have with inmates/confined persons, but all volunteers and contractors who have contact with inmates/confined persons shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.32 (c): By examination of training records, this Auditor determined that NJDOC/South Woods maintains documentation confirming that volunteers and contractors understand the training they have received. Interviews with contract staff confirmed participating in PREA-related training at least annually.</p> <p>The following was interviewed to determine compliance with this standard:</p> <p>1. Volunteer(s)/Contractor(s)</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy Number SUP.004.001 Limited English Proficient (LEP) Language Assistance: Bilingual Staff and Use of the Language Line addresses the requirements of Standard 115.33.

115.33 (a): During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates/Confined persons (random and targeted) interviewed confirmed receiving PREA education and orientation upon admission to South Woods. During the facility tour, this Auditor found PREA informational posters and emotional support contact information throughout the facility, including the living area, shared spaces, and administration. The information was posted for readers in English and Spanish and was colorful and easy to read. Moreover, PREA education and informational materials, including posters, pamphlets, PREA videos, and inmate/confined persons handbook, all support compliance with the standard.

115.33 (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents.

NJDOC provides inmates/confined persons 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. Upon intake, all inmates/confined persons are provided with written and video materials detailing the zero tolerance for sexual abuse/harassment policy and PREA informational handouts and reporting instructions. Upon assignment to a correctional facility, inmates/confined persons are issued facility-specific handbooks, which include a PREA section. They are provided information at orientation on reporting an incident or allegation, along with third-party and confidential reporting methods.

115.33 (c): Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.

115.33 (d): The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

115.33 (e): The agency shall maintain documentation of inmate participation in these education sessions.

115.33 (f): Besides providing such education, the agency shall ensure that crucial information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

	<p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Intake Interview Questionnaire (Random and Targeted)
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy ADM.006.000 Special Investigations Division Mission, Goals and Objectives and Organizational Structure, Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Specialized Investigative Training Moss Group, Special Investigations Division, PREA Crime Scene Preservation, PowerPoint Presentation (PP), Inservice Training: Special Investigations Division, Reporting and Handling of Sexual Assault Incidents (PP), collectively address Standard 115.34.</p> <p>115.34 (a): By examination of NJDOC Training Logs, PREA Specialized PREA Training sign-out sheets, and individual certification (8) of completion of specialized training provided by the Moss Group, this Auditor determined that in addition to the general training provided to all employees under § 115.31, NJDOC ensures that to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings all evidence was provided by the PREA Coordinator. (See attached of training logs, certificates of completion, and training curriculum)</p> <p>115.34 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The curriculum Specialized Training: Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34/.134/.234/.334 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34/.134/.234/.334 and best practices in investigating incidents of sexual abuse. Agencies with investigators with extensive experience investigating these and other types of allegations—such as law enforcement agencies—may want to review the</p>

	<p>curriculum for redundancy with other training,</p> <p>The curriculum utilized by NJDOC, which is provided as a training resource by the PREA Resource Center, contains nine modules. The curriculum includes content on PREA standards relating to investigations, such as case law, legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings, proper use of Miranda and Garrity warnings, trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. The nine modules include Legal liability, sexual trauma, reporting, Garrity, and Miranda Warnings.</p> <p>115.34 (c): By examination of training records, Specialized Investigative Training Moss Group, this Auditor determined that NJDOC documents show that agency investigators have completed the required specialized training in conducting sexual abuse investigations. (See attached of training logs, certificates of completion, and training curriculum)</p> <p>115.34 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Investigator 2. PREA Coordinator
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115.35 Specialized training: Medical and mental health care	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services, Internal Management Procedure MED.MHS.002.001 and Policy Number MED.002.004 Mental Health Services Staff address the policy requirements for Standard 115.35.</p> <p>115.35 (a): By examination of training records, this Auditor determined that NJDOC</p>

	<p>ensures that all full- and part-time medical and mental health care practitioners who regularly work in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>From a sample of NJDOC, Office of Training, sign-out attendance forms (Non-DOC Employees), NJDOC, Office of Training, sign-out training records dated 8/1-5/22, 8/8/2022, 8/9/22, 8/10/22, and 8/12/22, confirm that regular practitioners have been trained by Rutgers Health (health contract vendor) and NJDOC.</p> <p>115.35 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. NJDOC staff do not perform forensic examinations. Investigative reports sampled (4) indicate that forensic examinations are conducted by qualified Forensic SANE Nurse examiners or qualified medical practitioners at a local hospital. NJDOC medical staff do not perform forensic examinations.</p> <p>115.35 (c): By examination of training records, this Auditor determined that NJDOC maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. From a sample of NJDOC, Office of Training, sign-out attendance forms (Non-DOC Employees), NJDOC, Office of Training, sign-out training records dated 8/1-5/22, 8/8/2022, 8/9/22, 8/10/22, and 8/12/22, confirm that regular practitioners have been trained by Rutgers Health (health contract vendor) and NJDOC.</p> <p>115.35 (d): By examination of training records, this Auditor determined that NJDOC medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. From a sample of NJDOC, Office of Training, sign-out attendance forms (Non-DOC Employees), NJDOC, Office of Training, sign-out training records dated 8/1-5/22, 8/8/2022, 8/9/22, 8/10/22, and 8/12/22, confirm that regular practitioners have been trained by Rutgers Health (health contract vendor) and NJDOC.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Practitioners
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services, Policy Number MED.002.004 Mental Health Services Staff, Policy PCS.001.TGI.01 Transgender and Intersex Inmates, Policy MED.001.012 Inmate Medical/Health Care Services, Internal Management Procedure MED.IMA.005 Intra-system Transfers and Internal Management Procedure MED.IMA.001 Health Appraisals at Reception, CLS.002.001 Classification Intake Process, CLS.005.001 Review of Inmates by Classification and Review Committees all collectively address this standard.

115.41 (a): NJDOC has a policy that requires risk screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abuse toward other inmates. See Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault.

NJDOC has a policy that requires all inmates/confined persons to undergo a sexual safety risk assessment (Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist) during the intake process, and the intake screening begins upon transfer to another facility. During the interview process, this Auditor confirmed that an intake person, technical assistant, or someone with a higher title was assigned to complete a security classification intake checklist for the entering inmate/confined persons. The technical assistant (Sergeant) or a higher position reviews all inmate/confined persons classification documents and CJIS reports, ensuring that all court/legal sentence calculations identify critical alerts such as (e.g., gang member affiliation, medical alerts, PREA identifications (abusers/victims), keep separates, etc.), using an objective classification scoring system, custody level, parole/release, sex offender information, and that the inmate/confined person's category status is accurate. The technical assistant uses this portion of intake screening as an additional source of information; as outlined in the Standards, information collected during this phase of the intake process could impact the outcome of the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist (e.g., housing and programs placement at the facility).

According to the technical assistant, zero inmates/confined persons were transferred into South Woods during the on-site portion of this audit. The technical assistant (Sergeant) responsible for intake detailed the intake process for South Woods for the Auditor. For additional information, see the PREA Screen Sheet (sample), Internal Management Procedure, MED.IMA.005 Intra-system Transfers and Internal Management Procedure, MED.IMA.001 Health Appraisals at Reception, pages 2-8, CLS.002.001, Classification Intake Process, page 3, CLS.005.001, Review of Inmates by Classification and Review Committees, page 3, CLS.INT.01, Classification Intake Procedures, and Internal Management Procedure, MED.IMA.005, Intra-system Transfer, page 3.

Further, medical practitioners (2) were also interviewed during this audit, and each detailed how the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist is used to determine an inmate/confined person's sexual safety

and assess each inmate/confined person for sexual abusiveness or the potential for being sexually abused. Standard 115.41, this standard requires corrective action.

115.41 (b): Intake screening shall ordinarily occur within 72 hours of arrival at the facility. Problematic evidence to support this substandard was absent before the posting of the interim report. This substandard requires corrective action.

115.41 (c): Such assessments shall be conducted using an objective screening instrument. NJDOC completes an assessment of inmates/confined persons entering the facility, including transfers, but the screening instrument is subjective. Further, the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist require the practitioner to notate either yes, no, or refused answers to complete. During the facility tour, this Auditor toured the medical department, observing medical practitioners assess inmates/confined persons in offices for privacy. Inmates/confined persons were moved from the waiting room to an office to be interviewed by a practitioner to complete the sexual safety risk assessment.

Further, the NJDOC Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist screens for an inmate/confined person's risk of being sexually abused or sexually abusive toward other inmates/confined persons. The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist is a guide for health practitioners. Information obtained is through inmate/confined person self-reporting unless noted in the comment section of the checklist. The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist is divided into sections that are completed by different specialty practitioners as required. Moreover, all healthcare practitioners can utilize any portion of the EMR.

The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist is then used to determine whether an inmate/confined person is placed on PREA status, which could impact housing and program assignment. Thus, the inmate/confined person could be identified as vulnerable or abusive. Practitioners are reminded on the checklist to conduct the interview privately and consider risk factors as important to monitor. In contrast, the inmate/confined person is placed on PREA status. All random and targeted inmates/confined persons (50) sampled during the on-site portion of this audit confirmed that a Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist was completed by a medical practitioner in an office affording inmates/confined persons with a measure of privacy.

Moreover, random and targeted (50 total) inmates/confined persons sampled during the on-site portion of this audit confirmed participation in the intake/PREA orientation/ Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist process upon entering the facility. For example, one inmate/confined person (John Doe #1) was randomly selected and interviewed as a member of the vulnerable population with documented cognitive challenges. In response to Inmate Interview Questionnaire Question 7, he confirmed being asked questions regarding prior incarcerations, history of sexual abuse, whether he identified as gay, lesbian, or bisexual, or whether he thought he might be in danger of sexual abuse, to which he answered no. The said inmate/confined person did not provide this Auditor with more detail. One inmate/confined person (John Doe #2) was bilingual. Question 7 on the

Inmate Interview Questionnaire, regarding his gender identity, was answered with I don't recall. Jane Doe #1, a self-identified transgender female, when asked Question 7 on the Inmate Interview Questionnaire, replied I don't remember, and nobody asked me that question. Despite further probing, the inmate/confined person did not disclose additional information to clarify her answer to Question 7. This substandard requires corrective action.

115.41 (d): The NJDOC Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist considers, 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

Part II, Clinical Factors of The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, affirmatively asks inmates/confined persons at South Woods about their sexual orientation and gender identity by directly inquiring if an inmate/confined person identifies as LGBTIQ. Each medical practitioner (2) interviewed during this audit confirmed an affirmative duty to make a subjective determination about the perception of an inmate/confined person's gender identity during the intake process. The Auditor reviewed the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist to ensure that each item prescribed by the PREA standard is included/assessed. To meet the standard's requirements, the screening should use all criteria (1-10), at a minimum, to determine risk. NJDOC employs a subject assessment. This standard requires corrective action.

115.41 (e): The initial screening shall consider prior acts of sexual abuse, previous convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates/confined persons for risk of being sexually abusive.

The NJDOC Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, coupled with inmate/confined person classification documents, were reviewed. It was determined that each item prescribed by PREA Standard 115.41 was included on the checklist, thus meeting standard requirements such as considering prior acts of sexual abuse, convictions for violent offenses, and history of previous institutional violence or sexual abuse, as known to the agency in assessing inmates/ confined persons for risk of being sexually abusive. Part III, Prison Factors of The Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, is completed during the intake process by a medical practitioner. While the risk screening checklist asks questions outlined in this standard, the checklist is subjective, as indicated in 115.41 (c), thus requiring corrective action.

115.41 (f): NJDOC Policy PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, directs each facility to reassess the inmate's risk of victimization or abusiveness within a set period, not to exceed 30 days from the inmate's arrival at South Woods, based upon any additional, relevant information received by the facility since the intake screening. Problematic: Evidence was insufficient for this Auditor to determine compliance. This substandard requires corrective action.

115.41 (g): An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

During the interview process, the PREA Compliance Manager confirmed that an inmate/confined person's risk level should be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate/confined person's risk of sexual victimization or abusiveness. Evidence was insufficient for this Auditor to determine compliance. This substandard requires corrective action.

115.41 (h): Inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked under paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. Random and targeted inmates sampled during the onsite portion of this audit denied being disciplined for refusing to answer or not disclosing complete information in response to questions asked under paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

115.41 (i): NJDOC confirmed that the agency has appropriate security systems (e.g., encryption, password protection, secure files, limited access to secure files) in place to control the dissemination within the facility of responses to questions asked under this standard, ensuring that sensitive information is not exploited to the inmate/confined person's detriment by staff or other inmates/confined persons.

By examination, this Auditor determined that the Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist with PII is password-protected in the electronic medical record (EMR). This Auditor observed electronic EMR safeguards of PII information/documentation collected during the risk screening interview and maintained electronically under the PREA Standards (e.g., risk screening information.)

The following was interviewed to determine compliance with this standard:

1. Staff Responsible for Risk Screening/technical assistant
2. Inmate Interview Questionnaire (Targeted/Random) 50
3. PREA Coordinator
4. PREA Compliance Manager

Corrective Action:

The Department of Justice (DOJ) indicated in the PREA Notice of Final Rule that Standard 115.41 “provides that the agency shall attempt to ascertain specific information about the [resident, inmate/confined person, or detainee] and that the agency shall develop an objective, rather than subjective, process for using that information...” See 77 Fed. Reg. 37106, 37154 (June 20, 2012).

PREA Standard 115.41 requires facilities to assess all inmates/confined persons “for their risk of being sexually abused by other inmates/confined persons or sexually abusive toward other inmates/confined persons,” and such assessments shall be conducted using an objective screening instrument. All risk assessments sampled were initially subjective in nature. For example, PREA Monitoring, Part 1, page 2, Risk factors (Nursing checklist) #1. ask, Does the inmate/confined person report being sexually abused by others in the past? (yes/no/refused), #2. Does the inmate/confined person report currently being sexually abused by others in the past? (yes/no/refused), #3. Does the inmate/confined person report being sexually abused by others in the past? (yes/no/refused), #4. Does the inmate/confined person report currently being sexually abusive toward others in the past? (yes/no/refused). Completion of the risk screening instrument did not return a subsequent “score” or determination of the risk of being sexually abused or being sexually abusive.

NJDOC will develop an objective screening instrument to address this standard.

NJDOC should tailor its objective screening instruments to the unique characteristics of its various facility types (e.g., specialized populations, inmate/confined person demographics, and program type). The PREA Coordinator will retrain all staff responsible for completing and documenting the initial assessments and reassessments (Standard 115.41 and 115.42) employing an objective screening instrument. When necessary, NJDOC should periodically reassess their screening instrument over time, as the nature of their facility populations may shift. In addition, the objective screening instrument must consider: “prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates/confined persons for risk of being sexually abusive.” See 28 C.F.R. § 115.41(e). NJDOC may include additional relevant factors in their screening instrument(s) based on the availability of additional known risk factors as they become available.

This Auditor resampled the inmate/confined person population at South Woods after implementing an objective screening instrument. Twenty-nine risk assessments were sampled to determine compliance with this standard. The revised risk screening instrument requires numerical values that lead to a presumptive determination of risk and are “point-additive,” “decision-tree,” or “software-based algorithm.” Completion of the risk screening instrument returned a subsequent “score” or determination of the risk of being sexually abused or being sexually abusive and developing and implementing a uniform list of risk factors and assigning reasonable weights based on available evidence and reasonably informed assumptions for each risk factor.

115.41 (b): Intake screening shall ordinarily occur within 72 hours of arrival at the facility. This Auditor will resample the inmate/confined person population entering 31 days ago to determine compliance with this standard. After implementing corrective

	<p>action, intake screening met the 72-hour requirement in this standard.</p> <p>115.41 (c): Such assessments shall be conducted using an objective screening instrument. NJDOC developed or utilized an objective screening instrument to comply with this standard. The Auditor reviewed the objective risk assessment instrument NJDOC/South Woods used to determine compliance with this standard and institutionalize the process. After implementing corrective action, South Woods met this substandard.</p> <p>115.41 (f): NJDOC Policy PCS.001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, directs each facility within a set period, not to exceed 30 days from the inmate/confined person's arrival at South Woods, to reassess the inmate/confined person's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This Auditor will resample the inmate/confined person population entering 31 days ago to determine compliance with this standard—records of inmates/confined persons who were reassessed for risk of sexual victimization or abusiveness. After resampling assessments (29), this Auditor determined that South Woods met the requirements of this substandard.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, NJAC 10A:9-3, IMM.001.004, PCS.001.006, CLS.002.INT and CLS.005.001, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, CLS.005.001 Review of Inmates by Classification and Review Committees, Internal Management Procedure PCS.001.TGI.01, Internal Management Procedure MED.MHS.002.010 Counseling Services for Victims of Sexual Assault, Internal Management Procedure MED.IMA.005 Intra-system Transfers, Internal Management Procedure CLS.002.INT.001 Classification, Internal Management Procedure MED.IMA.001 Health Appraisals at Reception address this standard.</p> <p>115.42 (a): The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, pages 30-32, mandates NJDOC facilities to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program</p>

assignments to keep separate those inmates/confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive. Evidence of the completion of the initial assessment information was omitted in Standard 115.41; therefore, the use of information from the risk screening required by § 115.41 to keep separate those inmates/confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments, the agency uses information from the risk screening required by § 115.41, to keep separate those inmates/confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: bed assignments, work, education, and program assignments was omitted. Standard 115.42 requires corrective action (See PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, Standard 115.22, pages 32-33).

115.42 (b): Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment mandates the agency and facilities to make individualized determinations on how to ensure the safety of each inmate/confined person. According to the PREA Compliance Manager, in this role, she, as the PCM, is responsible for distributing reports relevant to PREA risk assessment to staff responsible for making housing assignments and ensuring that this information is presented at Institutional Classification Committees.

According to the PCM, at intake into an NJDOC facility, the PREA Risk Assessment includes but is not limited to communication with Medical, Social Services, and correctional management and the agency NJDOC PREA Unit if applicable. Inmates/confined persons have the opportunity to inform NJDOC information regarding their gender identity, such as transgender, intersex, or non-binary. During their incarceration, inmates/confined persons may identify as transgender, intersex, non-binary, or otherwise may provide information about their gender identity to the appropriate staff person. Inmates/confined persons identified as transgender, intersex, or non-binary, including those who self-identify, will be referred to the PCM for a meeting. Transgender inmates/confined persons sampled confirmed frequent meetings with the PCM to discuss their concerns, such as gender identification, sexual safety search preference, and gender-affirming garments.

Within three business days of notification, the facility PCM confidentially meets with the inmate/confined person. During the meeting, the PCM indicated that inmates/confined persons can express their views concerning safety and housing concerns. Inmates/confined persons are notified of their rights and accommodations available to them under the Prison Rape Elimination Act (PREA) and this policy. The inmate/confined person is encouraged to complete the PREA Accommodation Committee (PAC) Gender Identity Information form. Once complete, the PCM will contact the Central Office PREA Compliance Unit to schedule a PAC housing/program review. Transgender, intersex, or non-binary inmates/confined persons will be housed in single cell status until the committee makes final housing and programming assignments. Further, the PCM states that single-cell status does not mean isolation or restrictive housing. By examination, this Auditor determined that portions of this standard were due to the agency's utilization of a subjective screening instrument during the intake risk screening process. However, this Auditor confirmed by

examination that NJDOC/South Woods completed PAC reviews on a sample of transgender inmates/confined persons as required in Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, pages 30-33. Evidence to support this substandard was omitted. Despite partial compliance, this standard requires corrective action.

115.42 (c): Internal Management Procedure PCS.001.TGI.01, Gender Identity Housing indicates in deciding whether to assign a transgender or intersex inmate/confined person to a facility for male or female inmates/confined persons and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate/confined person's health and safety and whether the placement would present management or security problems. During this audit, a sample of targeted inmates/confined persons who self-identified as transgender were interviewed during this audit. All targeted inmates/confined persons interviewed who self-identify as transgender confirmed they were interviewed by facility staff regarding housing, programs, and placement decisions. All confirmed being allowed to shower separately from other inmates/confined persons. The housing document requested by the Auditor on the first day of the onsite audit indicates that transgender inmates/confined persons were disbursed and classified based on multiple factors such as aggressive nature, history of victimization, work, and medical requirements. Transgender inmates/confined persons interviewed during the audit denied being placed in a segregated housing unit based on their gender identity. It should be mentioned during the same interview that one transgender inmate/confined person requested to be housed in a unit dedicated to transgender and intersex inmates/confined persons. Her thinking was to create a community of like-minded individuals who fully accepted each other.

115.42 (d): Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. By examination, this Auditor determined that South Woods reassessed transgender and intersex inmates/confined persons per this substandard. The agency's decisional outcome of the reassessment was omitted from the review of evidence. This substandard requires additional evidence to determine compliance with this substandard. This substandard requires corrective action.

115.42 (e): Internal Management Procedure, PCS.001.TGI.01, Gender Identity Housing indicates that a transgender or intersex inmate's views concerning their safety shall be seriously considered. This Auditor sampled Gender Identity Reassessment Reviews from South Woods. In a Gender Identity Reassessment review form dated 3/22/23, Question 2, Part II, asks, "Have you disclosed any concerns about your sexual safety to staff." Jane Doe writes yes. I feel that I am vulnerable because I am a woman. Question 4 asks, "What accommodations do you believe would help to ensure your safety." Jane Doe writes, living alone or with a transgender girl." The facility meeting results for Jane Doe indicate "inmate/confined person expressed concern about her cellmate." Little is known of the agency's case-by-case consideration from the Gender Identity Reassessment review form. It is unclear to this Auditor how the placement of this Jane Doe at a women's prison would present a management or security problem. Additional evidence is required to determine

compliance with this substandard. This substandard requires corrective action.

115.42 (f): Transgender and intersex inmates shall be allowed to shower separately from other inmates. Transgender inmates/confined persons interviewed during this audit confirmed they shower individually and that the PREA shower screens ensure a measure of privacy.

115.42 (g): NJDOC denies placement of lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such inmates. During an informal conversation with NJDOC staff, this Auditor was made aware of a living unit termed a vulnerable living unit. The staffer clarified that all types of vulnerable persons could be placed in the living unit, such as inmates/confined persons with low cognition, intellectually challenged, and have a history of sex offenses and vulnerable LGBTI inmates. It is unclear how one opts out of the vulnerable unit. This substandard requires clarification.

The following was interviewed to determine compliance with this standard:

1. PREA Compliance Manager
2. Staff Responsible for Risk Screening/technical assistant
3. Transgender/Intersex Inmates
4. PREA Coordinator

Corrective Action:

1. 115.42 (a): Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, the policy mandates facilities to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Evidence of the completion of initial assessment information was omitted.
2. 115.42 (b): Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, the policy mandates the agency and facilities to make individualized determinations about how to ensure the safety of each inmate. Evidence to support this substandard was omitted. This substandard requires corrective action.
3. 115.42 (d): Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. By examination, this Auditor determined that South Woods reassessed transgender and intersex inmates/confined persons per this substandard. The agency's decisional outcome of the reassessment was omitted from the review of evidence. This substandard requires additional evidence to determine compliance with this substandard. Update: it was determined that some transgender

	<p>reassessments, as defined in this standard, were not completed by the PCM responsible for this task. NJDOC/South Woods completed all reassessments required by this standard during the corrective action period.</p> <p>4. 115.42 (e): Internal Management Procedure, PCS.001.TGI.01, Gender Identity Housing indicates that a transgender or intersex inmate's views concerning their safety shall be seriously considered. This Auditor sampled Gender Identity Reassessment Reviews from South Woods. In a Gender Identity Reassessment review form dated 3/22/23, Question 2, Part II, asks, "Have you disclosed any concerns about your sexual safety to staff." Jane Doe writes yes. I feel that I am vulnerable because I am a woman. Question 4 asks, " What accommodations do you believe would help to ensure your safety." Jane Doe writes, living alone or with a transgender girl." The facility meeting results for Jane Doe indicate "inmate/confined person expressed concern about her cellmate." Little is known of the agency's case-by-case consideration from the Gender Identity Reassessment review form. It is unclear to this Auditor how the placement of this Jane Doe at a women's prison would present a management or security problem. Additional evidence is required to determine compliance with this substandard. This substandard requires corrective action.</p> <p>5. 115.42 (g): NJDOC denies placement of lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment to protect such inmates. During an informal conversation with NJDOC staff, this Auditor was made aware of a living unit termed a vulnerable living unit. The staffer clarified that all types of vulnerable persons could be placed in the living unit, such as inmates/confined persons with low cognition, intellectually challenged, and have a history of sex offenses and vulnerable LGBTI inmates/confined persons. It is unclear how one opts out of the vulnerable unit. This substandard requires clarification. In speaking with the PREA Coordinator, she indicated that the dedicated placement unit for vulnerable inmates/confined persons is at Garden State.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy IMM.002.003 Americans With Disabilities Act (ADA) and New Jersey Law Against Discrimination – Reasonable Accommodations for Inmates, Internal Management Procedure CLS.002.INT.001 Classification Intake Procedures, Policy ADM.019.003 Close Custody

Units, Internal Management Procedure ADM.019.003.IHU Investigative Housing Unit, Internal Management Procedure ADM.019.003.TAH Temporary Administrative Housing, and Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services address Standard 115.43.

115.43 (a): According to the facility Warden, inmates/confined persons at high risk for sexual victimization are placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no known alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/confined person in involuntary segregated housing for less than 24 hours while completing the assessment. Inmates/confined persons in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during this reporting period were zero, as confirmed by the PREA Compliance Manager during her interview.

115.43 (b): The facility Warden confirmed inmates/confined persons placed in segregated housing for this purpose would have access to some privileges and in-cell self-education but be restricted from work opportunities. The facility Warden confirmed If the facility restricts access to programs, privileges, education, or work opportunities, the facility documents (1) The opportunities that have been limited, (2) The duration of the limitation, and (3) The reasons for such limitations. Further, this Auditor interviewed a correctional supervisor of segregation. He confirmed that inmates/confined persons would have access to in-cell self-education and medical and mental health services. Programs and job opportunities outside the cell would be restricted.

115.43 (c): Staff who Supervise Inmates in Segregated Housing also confirmed during an interview that South Woods would assign such inmates/confined persons to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days. During a facility tour, this Auditor visited segregated housing. One inmate/confined person in segregation requested to be interviewed. This same inmate/confined person later declined the interview.

115.43 (d): Staff who Supervise Inmates in Segregated Housing confirmed that if an involuntary segregated housing assignment is made under paragraph (a) of this section, the facility shall document in the unit logbook (1) The basis for the facility's concern for the inmate/confined person's safety and (2) The reason why no alternative means of separation can be arranged.

115.43 (e): According to the facility Warden, every 30 days, South Woods would afford each such inmate/confined person a review to determine whether there is a continuing need for separation from the general population.

The following was interviewed to determine compliance with this standard:

1. Warden or Designee

	<ol style="list-style-type: none"> 2. Staff who Supervises Inmates in Segregated Housing 3. Inmates in Segregated Housing 4. PREA Compliance Manager 5. PREA Coordinator
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy IMM.002.001 Inmate Remedy System, Internal Management Procedure, IMM.002.IRS.001 Inmate Remedy System, Internal Management Procedure IMM.002.JPG.001 JPay Guidelines, and Internal Management Procedure PCS.001.PREA.OMB Allegations of Sexual Abuse, Assault, Harassment, and Retaliation Reported to the Office of the Ombudsman address the requirements of Standard 115.51.</p> <p>115.51 (a): Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse, Inmate Reporting, page 31-32, (a) The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>By examination, this Auditor determined that NJDOC provides multiple internal ways for inmates/confined persons to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents like inmates/confined persons may report PREA sexual abuse/sexual harassment by using one of the following methods: *Verbally or in writing to any NJDOC staff member, contractor, or volunteer (Note: Under PREA, All NJDOC staff members, contractors, and Volunteers are required to report any occurrence of inmate sexual abuse /sexual harassment) *Contacting the Correctional Facility’s Institutional PREA Compliance Manager *Using the Inmate Remedy System/ JPAY Kiosk.</p> <p>Third-party reporting is available by mailing a letter to the Office of the Correctional</p>

Ombudsman or calling the office, according to the Assistant Director of the Office of the Correctional Ombudsman. Further, she states she has contact with facilities when inmates/confined persons alleged sexual abuse or sexual harassment allegations are submitted to her office for action. Further, during this Auditor interview with staff (3) from the Ombudsman Office, each staff member confirmed receiving telephone and written communication from inmates/confined persons at South Woods and other prisons in New Jersey.

Noteworthy: Any person who files an allegation of sexual abuse/sexual harassment, knowing it to be false, will be subject to disciplinary action. NOTE: Residential Community Release Programs (RCRPS') are contractors who comply with PREA standards, which the NJDOC monitors. Inmates/confined persons assigned to RCRPs must consult their RCRP Handbook and RCRP PREA Compliance Manager for PREA reporting methods that are specific to RCRPs *Contacting the Special Investigations Division (SID) via the Confidential SID box or by dialing *SID1# on the Inmate Telephone System (free call).

115.51 (b): The agency provides at least one way for inmates/confined persons to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward inmate/confined person reports of sexual abuse and sexual harassment to agency officials, allowing the inmate/confined person to remain anonymous upon request. During the facility tour, the Auditor observed inmates/confined persons with agency-issued electronic tablets to communicate with family and friends and correspond with some administrative staff concerning operational matters and PREA concerns. The Auditor tested telephones in each living unit. The Auditor could make outgoing calls from telephones located in the living units. This Auditor also spoke with four staff members from the NJ Ombudsman Office, the Director (1), the Deputy Director (1), and the Assistant Director (2) of the agency, who confirmed the agency receives letters and calls from NJDOC prisons including South Woods.

During the facility tour, this Auditor informally requested that an inmate/confined person demonstrate how to alert staff of a PREA allegation using a tablet. Inmates/confined persons sampled indicate they use tablets instead of the postal system because their tablets allow dialogue more frequently. As for the Inmate Remedy System/JPAY Kiosk, informal conversations with inmates/confined persons indicated concern regarding being overheard on the phone or a kiosk message being viewed and seen by another person. From my informal discussions with a sample of inmates/confined persons, I learned that the issuance of personal tablets by NJDOC affords inmates/confined persons convenience and a measure of privacy to communicate with family, friends, and administration at will.

This Auditor observed secure mailboxes in each living unit, although the sampled inmates preferred communicating using their tablets. Zero mailboxes were labeled for PREA or PREA Only. Access to the mailboxes is limited to mail room staff. Unless stipulated for safety concerns, inmates in segregation were seen with writing material.

Inmates/confined persons detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security, such as Contacting the Corrections Ombudsman, Office of the Corrections Ombudsman, PO Box 855, Trenton, NJ, 08625 Inmate Only Phone# 1-555-555-5555 (free call) or write to Just Detention International at Cynthia Totten, Esq. Just Detention International, 3325 Wilshire Blvd., Suite 340, Los Angeles, CA 90010. According to the PREA Coordinator, NJ does not detain inmates/confined persons solely for civil immigration purposes.

115.51 (c): All random and specialized staff sampled confirmed staff shall accept reports made using methods such as verbal notification of a PREA allegation, written notification, submission of a handwritten note submitted anonymously, and from third parties. and shall promptly document any verbal reports and document any verbal reports. Policy Number PCS.001.008 PREA Compliance, pages 31-32, paragraph (d) indicates that the agency shall provide a method for staff to report sexual abuse and harassment of inmates privately. NJDOC staff, contractors, and volunteers can privately report a PREA allegation to their immediate supervisor, the Special Investigation Division (SID), using the confidential tip line (609) 530-2500 or through the PCM or PREA Coordinator.

All random and specialized staff interviewed deny a mandate to report sexual abuse or sexual harassment allegations directly to colleagues or staff persons who are the alleged abuser or involved in the incident.

115.51 (d): All random and specialized staff interviewed indicate that the agency allows staff to report sexual abuse and sexual harassment of inmates/confined persons privately by having a face-to-face meeting with a supervisor, calling the PREA hotline, Ombudsman's Office, or reporting an incident to the PREA Coordinator, PREA Compliance Manager, or the Special Victim Unit and through the confidential tip line.

Moreover, NJDOC contractors and volunteers can also privately[report a PREA allegation to a correctional supervisor, the Special Investigation Division (SID), using the confidential tip line (609) 530-2500 or through the PCM or PREA Coordinator.

The following was interviewed to determine compliance with this standard:

1. Random Staff/Specialized Staff
2. Inmate Interview Questionnaire
3. PREA Compliance Manager
4. PREA Coordinator
5. Ombudsman Office

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy IMM. 002.001 Inmate Remedy System, Internal Management Procedure, IMM.002.IRS.001 Inmate Remedy System and Internal Management Procedure IMM.002.JPG.001 JPay Guidelines collectively address Standard 115.52.</p> <p>115.52 (a): NJDOC is not exempt from this standard. NJDOC has administrative procedures to address inmate/confined person grievances regarding sexual abuse. (See Policy IMM.002.001 Inmate Remedy System, Internal Management Procedure, IMM.002.IRS.001 Inmate Remedy System and Internal Management). During the facility tour, this Auditor observed signage throughout the facility, including all living units and the public lobby, which could be easily read/accessed by persons in the facility; the language on the signs was clear and easy to understand. The signage on the units was colorful and provided inmates/confined persons with specific services for victims of sexual abuse, such as emotional counseling and support services. External reporting information was provided in two languages in large print painted on the walls in English and Spanish in close proximity to telephones on the units. Audit notices were displayed on each living unit, and the information was accurate.</p> <p>. 115.52 (b): (1) By examination, several policies specific to the standard confirm that NJDOC imposes no time limit on when an inmate/confined person may submit a grievance regarding an allegation of sexual abuse. (2) The agency applies otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) Also, inmates/confined persons are not required to use any informal grievance process to address PREA-related complaints or to attempt otherwise to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section restricts the ability of NJDOC to defend against an inmate lawsuit because the applicable statute of limitations has expired. Some random and targeted inmates/ confined persons interviewed identified filing a grievance as one method of reporting sexual abuse or sexual harassment. During this reporting period, South Woods indicated one grievance filed alleging sexual abuse or sexual harassment. Problematic, the grievance in question was omitted as evidence in this standard. This standard requires corrective action to determine compliance with this standard.</p> <p>115.52 (c): The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint. Problematic, the grievance in question was omitted as evidence in this standard. This standard requires corrective action to determine compliance with this standard.</p> <p>115.52 (d): (1) The agency issues a final agency decision on the merits of any portion</p>

of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days does not include inmates time to prepare any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days if the normal period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for the reply, including any adequately noticed extension, the inmate may consider the absence of a response to be a denial at that level. Problematic, the grievance in question was omitted as evidence in this standard. This standard requires corrective action to determine compliance with this standard.

115.52 (e): (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates. (2) 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 agreed to have the request filed on their behalf and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the inmate declines to have the request processed on their behalf, NJDOC documents the inmate's decision. Inmates/confined persons (random and targeted) sampled during this audit were aware that third parties represented family, friends, and essentially anyone, including fellow inmates/confined persons, are permitted to assist in filing a request for administrative remedy PREA-related allegations of sexual abuse.

115.52 (f):

(1) NJDOC has established a procedure for filing an emergency grievance alleging that an inmate/confined person is subject to a substantial risk of imminent sexual abuse (See IMM.002.IRS.001 Inmate Remedy System, pages 1-14). (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final decision document the agency's determination of whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

During this reporting period, the inmate/confined person population filed (electronic/paper) zero grievances as an emergency and alleging an inmate was subject to a substantial risk of imminent sexual abuse. However, investigative records show one grievance filed during this period. The grievance in question was filed through the Office of the Correctional Ombudsperson on Tuesday, April 23, 2023. NJDOC began the investigation on the same day by interviewing the alleged victim. According to the investigative report, the inmate/confined person did not provide witnesses;

however, NJDOC investigators interviewed other inmates/confined persons (2) who could have potentially overheard the verbal exchange between the alleged victim and the correctional officer. Investigative records indicate one grievance was filed by an inmate/confined person, alleging that a “ correctional officer was inviting him to his penis.” The investigator found no evidence to suggest that any staff actions or inactions contributed to the alleged incident. The incident was determined to be unsubstantiated.

This Auditor emailed the Office of the Correctional Ombudsperson and followed up with a telephone call to the organization. The receptionist was pleasant, and she took a message. The initial call was not returned. This Auditor called a second time and briefly spoke to the organization's Director, who referred me to the organization's Assistant Deputy Director. She was out of the office. On the second attempt, the Assistant Deputy Director was unavailable but returned the call later the same day. On my third attempt, I spoke to an organization's Assistant Director, assigned specifically to South Woods, who confirmed that South Woods has a process for receiving third-party reports. Investigative records and a sample of committee incident reviews support the fact that communication between the NJ Office of the Correctional Ombudsperson and NJDOC/South Woods occurs regularly as needed. It should be mentioned that the NJ Office of the Correctional Ombudsperson occupies office space at South Woods to facilitate better lines of communication with confined/ persons and NJDOC.

Between March and May of 2023, The Office of the Correctional Ombudsperson conducted unannounced inspections at four NJDOC facilities, which included South Woods. A 2024 report authored by the NJ Office of the Correctional Ombudsperson on telephone communication indicates that in 2023, NJDOC estimates that it accommodated 10.4 million phone calls, with most calls lasting 10 minutes. Further, NJDOC supported 11,000 video visits, 3.3 electronic messages via JPAY, and 300,000 short video games. NJDOC also delivered hundreds of thousands of letters, hand-copy, electronic tablets, and snap-and-send photos (See document, Visits and Phone Calls, NJ Office of the Correctional Ombudsperson, Special Report, Dated April 2024).

115.52 (g): NJDOC may discipline an inmate/confined person for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate/ confined person filed the grievance in bad faith. From a sample of investigative records examined, this Auditor found no evidence to suggest that South Woods disciplined an inmate/confined person for filing a grievance. Zero inmates sampled during the onsite audit process indicated ever being disciplined for filing a grievance or PREA-related allegation. Zero inmates/confined persons who reported sexual abuse indicated being disciplined for filing a PREA allegation.

The following was interviewed to determine compliance with this standard:

1. Inmates who Reported a Sexual Abuse

Corrective Action:

1. 115.52 b - Review a sample of grievances from the 12 months preceding the

	<p>audit that alleged sexual abuse and their final decision.</p> <p>2. 115.52 c - Review a sample of allegations of sexual abuse identified as unrelated to PREA but not determined unfounded.</p> <p>3. 115.52 d - Review grievance associated with 115.52 (d)-3 In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed: one</p> <p>4. This standard will remain under review for the duration of the corrective action period.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>NJDOC Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, NJDOC South Woods PREA Education, NJ DEPARTMENT OF CORRECTIONS PRISON RAPE ELIMINATION ACT (PREA) OVERVIEW Inmate Handout, SERV Cumberland County Memorandum of Understanding (MOU) collectively address the requirements of Standard 115.53.</p> <p>115.53 (a): NJDOC has had an MOU with Service Empowering Rights of Victims since 6/4/2021. The MOU outlines the scope of the agreement, including inmate-only emotional support services, mail acceptance, and a hotline by PREA Standard 115.53. Calls to the hotline are confidential. The hotline is available seven days a week between 7 a.m. and 10 p.m. There is no limit to the number of times an inmate or confined person may call the hotline.</p> <p>By examination, this Auditor determined that South Woods provides inmates/confined persons with access to outside victim advocates for emotional support services related to sexual abuse by giving the mailing addresses, a general number of (856) 696-7193. and toll-free hotline number. During the facility tour, the Auditor tested telephones in each living unit for outside access. Signage and posters were readable and accurately provided the inmate/confined person with contact information for SERV and provided insight into programs and services offered by SERV. Signage was provided in English and Spanish, with placement near telephones in each living unit. All random and targeted inmates/confined persons interviewed confirmed being issued SERV information in the form of a pamphlet during the intake process. All random and targeted inmates/confined persons interviewed confirm access to writing instruments, paper, and envelopes if needed. Zero drop boxes are exclusively utilized for reporting sexual abuse or sexual harassment (See PREA handout/Spanish and English).</p>

According to the agency website, SERV provides sexual violence services in New Jersey's Camden, Gloucester, and Cumberland Counties; domestic violence services in Gloucester and Cumberland Counties; and human trafficking services in Camden, Cumberland, and Gloucester Counties. During the first attempt to interview a provider from SERV, this Auditor spoke to a live provider from the hotline. She indicated she was new to the organization but believed SERV served every walk of life, including accepting calls from inmates/confined persons. The provider referred me to the SERV Director, who would be in the office later that day (Director C. C.). This Auditor received a call back from a SERVE Residential Aide, who was calling on behalf of the SERV Director. The SERV Residential Aide confirmed that through the hotline or by calling the general number, SERV provides emotional support to inmates/confined persons in New Jersey. The facility provided to the South Woods population provided the name of the victim advocacy organization and its address.

115.53 (b): During inmate PREA education and orientation, inmates/confined persons sampled confirmed being informed that calls could be monitored; however, under normal circumstances, calls to the PREA Emotional Support Hotline are classified as confidential. Before giving them access, the facility shall inform inmates/confined persons of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities per mandatory reporting laws. This Auditor tested telephone access to outside confidential services during the facility tour. Inmates/confined persons are notified when placing all calls that their calls can be monitored.

115.53 (c): By examination, this Auditor determined that NJDOC/South Woods provided document evidence of an open-ended memorandum of understanding (MOU) with the Rights of Victims (SERV) Center for Family Services for Cumberland County, effective 6/7/2021, with the community service providers that can provide inmates/confined persons with confidential emotional support services related to sexual abuse. NJDOC maintains copies of agreements or documentation showing attempts to enter into such contracts.

SEXUAL ABUSE EMOTIONAL SUPPORT SERVICES

Services Empowering the Rights of Victims (SERV) Center for Family Services

3600 E. Landis Ave, Unit 24

Vineland, NJ 08361

SEXUAL ABUSE SURVIVOR INFORMATION PACKET

Just Detention International

3325 Wilshire Blvd., Suite 340

Los Angeles, CA 90010

During interviews, inmates/confined persons (100%) (random and targeted inmates) of each group sampled confirmed telephone calling access at the facility. All inmates/

	<p>confined persons interviewed (random and targeted) described at least one method of reporting a PREA incident; in contrast, over 50% of the same inmates/confined persons sampled did not know if services what SERV services were available outside of the facility for inmates/confined persons dealing with the trauma of sexual abuse if they needed it. It should be mentioned that the inmate PREA brochure, inmate PREA handout, and unit informational posters all provide information regarding the availability of community victim services outside the facility.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Inmate Interview Questionnaire 2. Inmates who Reported a Sexual Abuse 3. PREA Coordinator 4. SERV hotline representative 5. SERV Residential Aide
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>NJDOC Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy IMM.002.001 Inmate Remedy System, Internal Management Procedure, IMM.002.IRS.001 Inmate Remedy System, Internal Management Procedure IMM.002.JPG.001 JPay Guidelines, and Internal Management Procedure PCS.001.PREA.OMB Allegations of Sexual Abuse, Assault, Harassment, and Retaliation Reported to the Office of the Ombudsman collectively address the requirements of Standard 115.54.</p> <p>115.54 (a): NJDOC has established a method to receive third-party reports of sexual abuse and sexual harassment. The NJDOC website provides viewers with public information on how to report sexual abuse and sexual harassment on behalf of an inmate/confined person. NJDOC's third-party reporting provides a telephone number and address to the Office of the Correctional Ombudspersons. During this auditing period, the Auditor tested the third-party method by calling the number provided on the NJDOC official website. The Auditor spoke to a live person, Administrative Analyst 3, with the Office of the Correctional Ombudsperson. She confirmed that she accepts third-party reports from all correctional facilities in New Jersey. which includes South Woods. NJDOC methods to receive third-party reports of sexual abuse/sexual harassment include:</p>

	<ol style="list-style-type: none"> 1. Contact the facility's PREA Compliance Manager. 2. Contact the NJDOC Special Investigations Division (SID) at (609) 826-5617 (SID/SVU) accepts third-party reports and will subsequently conduct an investigation). 3. Contacting the Corrections Ombudsperson: Office of the Corrections Ombudsperson, PO Box 855, Trenton, NJ, 08625, Phone# (609) 633-2596 <p>The following were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Office of the Correctional Ombudsperson, Director 3. Office of the Correctional Ombudsperson, Deputy Director 4. Office of the Correctional Ombudsperson, Assistant Director (2) 5. SID Investigator 6. Office of the Correctional Ombudsperson, Administrative Analyst 3
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, and Internal Management Procedure PCS.001.VOL.001 Volunteer Services collectively address the requirements of Standard 115.61.</p> <p>115.61 (a): Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Internal Management Procedure PCS.001.VOL.001 Volunteer Services requires 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; retaliation against inmates/confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with contract and volunteer confirmed receiving PREA-related education. All staff sampled, including contract employees, were asked to walk through the facility's staff reporting method(s). All staff sampled confirmed safeguarding the sexual safety of the victim, seeking medical attention for the victim, securing the crime scene, and notifying a supervisor as steps in the process.</p> <p>115.61 (b): All staff interviewed confirmed apart from reporting to designated supervisors or officials, staff should not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency</p>

	<p>policy, to make treatment, investigation, and other security and management decisions.</p> <p>115.61 (c): Medical and mental health practitioners interviewed during this audit process confirmed that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse under paragraph (a) of this section and to inform inmates/confined persons of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>115.61 (d): If the alleged victim is under 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The PREA Coordinator confirmed that South Woods does not house youthful inmates/confined persons or persons under 18. Inmates/confined persons are considered vulnerable persons under any local statute, and NJDOC would report the allegation to the designated state or local services agency under applicable mandatory reporting laws, according to the PREA Coordinator.</p> <p>115.61 (e): All staff (random and specialized) interviewed during this audit confirm they would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, correctional management, shift commander or a supervisor who is not a party in the allegations brought by the inmate/confined person.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff/Specialized Staff 3. Medical and Mental Health Practitioner 4. Warden or Designee
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Policy Number ADM.019.003 Close Custody Units, Internal Management Procedure ADM.019.003.IHU Investigative Housing Unit, and Internal Management Procedure ADM.019.003.TAH

	<p>Temporary Administrative Housing addresses the requirements of Standard 115.62.</p> <p>115.62 (a): When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. NJDOC Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse, page 37, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault requires staff to take immediate action to protect an inmate/confined person if an inmate/confined person is identified as being subject to a substantial risk of imminent sexual abuse.</p> <p>The Auditor interviewed random and specialized staff during the onsite portion of this audit. All sampled random and specialized staff confirmed a duty to protect the sexual safety of an inmate/confined person when the agency learns that an inmate/confined person is subject to a substantial risk of imminent sexual abuse. According to the PAQ, in the past 12 months, the number of times the agency or facility determined that an inmate/confined person was subject to a substantial risk of imminent sexual abuse was zero. During his interview, the Superintendent/Warden confirmed that in the past twelve months, there were zero instances of an inmate/confined person subject to substantial risk of imminent sexual abuse. In an interview with the PREA Compliance Manager, PREA Coordinator, and SID Investigator, each detailed their role and responsibility to protect vulnerable inmates/confined persons at substantial risk of imminent sexual abuse from abusive inmates/confined persons.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. NJDOC Commissioner 2. Random/Specialized Staff 3. Warden or Designee 4. PREA Compliance Manager 5. PREA Investigator 6. PREA Coordinator
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115.63 Reporting to other confinement facilities	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 Prevention, Detection, and Response to Sexual Abuse and Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault addresses the requirement of Standard 115.63.</p> <p>115.63 (a): Policy PCS.001.008 Prevention, Detection, and Response to Sexual Abuse, page 38, confirms that NJDOC has a policy that mandates that the facility act upon</p>

hearing that an NJDOC inmate/confined person was sexually abused while confined at another facility. According to the facility Warden, PCM, and NJDOC Commissioner, who were interviewed separately, Upon receiving an allegation that an inmate/confined person was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. South Woods PREA Compliance Manager confirmed PAQ information related to Standard 115.63 (a) - 2; in the past 12 months, the number of allegations the facility received that an inmate/confined person was abused while confined at another facility was three. Problematic South Woods omitted evidence of said notifications. This substandard requires either clarification or corrective action.

115.63 (b): According to the facility Warden, such notifications are provided as soon as possible but no later than 72 hours after receiving the allegation. Problematic South Woods omitted evidence of said notifications. This substandard requires corrective action or clarification.

115.63 (c): The agency shall document that it has provided such notification. Problematic South Woods omitted evidence of said notifications. This substandard requires corrective action or clarification.

115.63 (d): The facility head or agency office receiving such notification shall investigate the allegation according to these standards. This substandard requires corrective action or clarification.

Corrective Action:

1. 115.63 (a) South Woods will provide evidence of compliance with this substandard. Evidence from the facility Warden indicates zero notifications occurred during this reporting period. The Warden, however, explained the reporting process to the Auditor, which aligned with this standard. In addition, in OAS, 115.63 (a)-2 In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: South Woods answered 3. According to the PREA Coordinator, Facility Warden, and lead Investigator, three is a reporting error. Upon more careful research, South Woods now reports zero for this substandard. This Auditor found no documentation of allegations from other facilities and no documentation of responses (i.e., evidence that the allegation has been investigated in accordance with the standard).

2. 115.63 (b) South Woods will provide evidence of compliance with this substandard. Evidence from the facility Warden indicates zero notifications occurred during this reporting period. The warden, however, explained the reporting process to the Auditor, which aligned with this standard. This Auditor found no documentation of allegations from other facilities and no documentation of responses (i.e., evidence that the allegation has been investigated in accordance with the standard).

3. 115.63 (c) South Woods will provide evidence of compliance with this substandard. The facility Warden's evidence indicates zero notifications occurred during this reporting period. The warden, however, explained the reporting process to

	<p>the Auditor, which aligned with this standard. This Auditor found no documentation of allegations from other facilities and no documentation of responses (i.e., evidence that the allegation has been investigated in accordance with the standard).</p> <p>4. 115.63 (d) South Woods will provide evidence of compliance with this substandard. Evidence from the facility Warden indicates zero notifications occurred during this reporting period. The warden, however, explained the reporting process to the Auditor, which aligned with this standard.</p> <p>5. Based on the evidence provided, this Auditor will determine if additional corrective action is necessary. The Auditor will monitor South Woods for the corrective action period. This Auditor found no documentation of allegations from other facilities and no documentation of responses (i.e., evidence that the allegation has been investigated in accordance with the standard).</p> <p>6. The Warden and PCM will be retrained on Standard 115.63 and their roles and responsibilities per this standard. The PREA Coordinator will provide the Auditor with evidence of the training.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. NJDOC Commissioner 2. Warden or Designee 3. PREA Compliance Manager 4. PREA Coordinator 5. Investigator
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment; ADM.SID.035 Investigation Procedures; CUS.001.CSM.01 Crime Scene Management; and IMM.001.004 Zero Tolerance Prison Sexual Assault, Internal Management Procedure ADM.SID.035 Investigation Procedures, Internal Management Procedure MED.MLI.007 Sexual Assault and Policy ADM., 006.011 Investigations by the Special Investigations Division, address the requirements of Standard 115.64.</p> <p>115.64 (a) By examination, this Auditor determined that NJDOC has a first responder policy (PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, pages 38-39) for allegations of sexual abuse (See other related policies</p>

	<p>for additional information; ADM.SID.035 Investigation Procedures; CUS.001.CSM.01 Crime Scene Management; and IMM.001.004 Zero Tolerance Prison Sexual Assault). Upon learning of an allegation that an inmate/confined person was sexually abused, the first security staff member to respond to the report is required to (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a period that still allows for the collection of physical evidence, 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. Further, all specialized staff interviewed confirmed they would immediately notify the shift supervisor.</p> <p>115.64 (b): According to specialized staff interviewed during this audit, all confirmed that as a non-security staff first responder, the first responder would be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. This auditor obtained randomly selected investigative records about this audit from a SID investigator. Examined a sample of investigative reports for inmates/confined persons (5) who indicated during their interviews with the Auditor as having reported sexual abuse at South Woods. From the sample of investigative documents, this Auditor determined that South Woods took immediate action as first responders to safeguard the victim, protect the crime scene, and provide follow-up mental health and medical services to the alleged victim, which serves as documentation of South Woods activation of the First Responders PREA Protocol when responding to PREA allegations. Zero incidents sampled found first responders were non-security staff.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Security Staff 2. Investigator 3. Persons reporting sexual abuse
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PCS.001.008 PREA Compliance, ADM.SID.035 Investigation Procedures;

	<p>CUS.001.CSM.01 Crime Scene Management; and IMM.001.004 Zero Tolerance Prison Sexual Assault, Internal Management Procedure ADM.SID.035 Investigation Procedures, Internal Management Procedure MED.MLI.007 Sexual Assault and Policy ADM.006.011 Investigations by the Special Investigations Division, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services, Internal Management Procedure MED.MHS.002.010 Counseling Services for Victims of Sexual Assault, Policy Number MED.002.004 Mental Health Services Staff Emergency Mental Health Services and South Woods Directive Level III IMO SWSP.CUS 511 Zero Tolerance Sexual Assaults addresses the requirement of Standard 115.65.</p> <p>115.65 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Examining the evidence provided, it is problematic that a written facility institutional plan to coordinate actions in response to an incident of sexual abuse was not submitted for review. To comply, each facility must have an institutional plan (not merely an agency-wide one). This standard requires corrective action.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. PREA Coordinator <p>Corrective Actions:</p> <p>South Woods will submit a written institutional plan to comply with this standard. The plan includes actions by staff, such as medical and mental health practitioners, facility leadership, and first responders. The written institutional plan has evidence of a review by the PREA Coordinator.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy Number PCS.001.008, Prevention, Detection, and Response of Sexual Abuse and Harassment, addresses this standard.</p> <p>115.66 (a): Policy Number PCS.001.008, Prevention, Detection and Response of</p>

	<p>Sexual Abuse and Harassment, pages 41 and 42, indicates that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter 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. According to the PREA Coordinator, union contracts are being negotiated. This is problematic, given the contracts provided by the agency for review did not contain PREA language. However, according to audit instructions under Standard 115.66, the Auditor is not required to audit this provision.</p> <p>115.66 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. Problematic: Through separate interviews with the PREA Coordinator and the NJDOC Commissioner, each confirmed that current union agreements remain under negotiations. According to audit instructions under Standard 115.66, the Auditor is not required to audit this provision.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. NJDOC Commissioner 2. PREA Coordinator
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, NJDOC PREA Retaliation Monitoring Form address the requirements of Standard 115.67.</p> <p>115.67 (a): NJDOC has established policies (Policy PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, pages 40-42, Policy IMM.001.004</p>

Zero Tolerance Policy: Prison Sexual Assault, page 10) to protect inmates/confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates/confined persons or staff and shall designate which staff members or departments are charged with monitoring retaliation.

115.67 (b): NJDOC employs 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/confined persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations according to the facility PCM.

115.67 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of those who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. The agency should monitor inmate disciplinary reports, housing, program changes, negative performance reviews, or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Problematic agency monitoring did not consistently span 90 days. This substandard requires corrective action.

The documentation review should be more consistent. For example, in this document's example, this inmate/confirmed person shall be called John Doe 4, and the date the allegation was reported on 9/1/23 for John Doe 4, monitoring began on 9/11/23, and the PCM indicated a review of housing changes. The delay initiating retaliation monitoring for John Doe 4 was documented as "delayed due to vacation."

A second sample, John Doe 5, indicates the allegation was reported on 8/24/23. Monitoring began for John Doe 5 on 8/25/23, with a review for program and housing changes. The same inmate/confined person was seen face-to-face by the PCM on 8/28/23. On 9/27/23, the PCM completed a face-to-face interview with the inmate/confined person according to retaliation monitoring documents, followed by a review of program changes on 11/20/23. Monitoring was completed on 11/20/23. John Doe 6 allegation was dated 12/11/23. On 12/11/23, monitoring began. The PCM conducted a program review. On 1/26/24, the PCM monitored the inmate/confined person face-to-face. At that time, documents indicate the inmate/confined person had no concerns. The NJDOC monitoring form indicates that the PCM had face-to-face contact with John Doe 6 on 2/15/24 and 2/28/24. Monitoring on John Doe 6 was completed on 2/28/24, which was short of the 90-day required monitoring minimum. The PCM offered no indication of why monitoring ended before the 90-day mandate as outlined in this standard, such as out-of-custody, discharged, transferred, or a finding of unfounded. John Doe 7 alleged date of abuse was listed as 12/5/23. This substandard requires corrective action. John Doe 7 was interviewed by the PCM on 12/6/2023. The PCM comments, "inmate/inmate-bunkie several gestures with zero follow-ups beyond what was written in the comment section on 12/6/23. On 1/4/24, the PCM interviewed John Doe 7, and he voiced no concerns. On 2/15/24, the PCM interviewed John Doe 7 face-to-face; no comments were noted. On 2/27/24, retaliation monitoring ends with a review of disciplinary reports. The comment section of the monitoring document for 2/

27/24 indicated a disciplinary on 2/22/24. No other notations were found for this date. Retaliation monitoring ended for John Doe 7, and no reason was given. John Doe 8 allegation date was listed as 11/21/23, with a face-to-face contact visit on 1/26/24. Retaliation monitoring ends for John Doe 7 on 2/27/24. This substandard requires corrective action.

115.67 (d): Inmates/confined persons' monitoring shall include periodic status checks. The PREA Compliance Manager indicated that monitoring includes face-to-face monitoring. Problematic agency monitoring did not consistently span 90 days nor include periodic status checks face-to-face. This substandard requires corrective action.

115.67 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The investigator interviewed during the onsite portion of this audit confirmed that if any individual cooperates with an investigation and expresses a fear of retaliation, he would take appropriate measures to protect a witness or victim, such as completing a housing or institution change.

115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. This Auditor found South Woods compliant with this substandard.

The following was interviewed to determine compliance with this standard:

1. Warden or Designee
2. Designated Staff Member Charged with Monitoring Retaliation (or Warden if none is available) (PCM)
3. . Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (not PREA-related)
4. Inmates who Reported a Sexual Abuse
5. . PREA Coordinator
6. Investigator

Corrective Action:

1. 115.67 (c) The NJDOC PREA Retaliation Monitoring documentation of inmate/confined person monitoring was inconsistent. The PREA Coordinator will retrain the PCM on PREA Standard 115.67, including documentation monitoring requirements and the 90-day monitoring length required by this standard. Status dispositions relevant to monitoring should be noted on the monitoring form, such as out-to-court, out-of-custody, or discharges. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. When an inmate/confined person is being monitored for retaliation and retaliation is indicated by the inmate/confined person, the steps taken to cure the problem should be documented for the reader.

2. This Auditor will monitor this standard for the corrective action period.

115.68	Post-allegation protective custody
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1481 712">PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, ADM.019.003.ADJU Adjustment Unit, ADM.019.003.PHDH Pre-hearing Disciplinary Housing, ADM.019.003.PCS Protective Custody Status, ADM.019.003.IHU Investigative Housing Units, ADM.019.003.TAH Temporary Administrative Housing, ADM.019.003.EMCT Emergency Confinement, IMM.004.RHU.01 Admission to Restorative Housing, IMM.001.RHU.02 Special Administrative Review Committee (SARC), IMM.004.RHU.03 Restorative Housing Amenities and Privileges, IMM.004.RHU.04 Step Down Unit collectively addresses the requirements of Standard 115.68.</p> <p data-bbox="256 745 1481 1193">115.68 (a): Specifically, Policy Number PCS.001.008 PREA Compliance, pages 42 and 43, indicate that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. During the facility tour of segregation, this Auditor conducted face-to-face interaction with inmates/confined persons on this unit. One inmate/confined person requested time with the Auditor. Time was provided for the inmate/confined person from segregation, but he decided not to meet with the Auditor. Records indicate that his placement in segregation was due to negative behavior. Corresponding procedures are described in NJDOC Policy Statements ADM.019.001 Management Control Unit and IMM.004.001 Restorative Housing Units, as well as Level I/III Internal Management Procedures:</p> <p data-bbox="256 1238 1481 1395">NJDOC Policy Number PCS.001.008 PREA Compliance, pages 42 and 43 policy establishes principles consistent with the guidelines established by the Association of State Correctional Administrators (ASCA) for Restrictive Housing, which include but are not limited to:</p> <ol data-bbox="256 1440 1481 2089" style="list-style-type: none"> 1. Providing a process and a separate review for decisions to place an inmate/ confined person in close custody.Unit;2. 2. Provide periodic classification reviews of inmates/confined persons in close custody every 180 days or less. 3. Provide in-person mental health assessments by trained personnel no later than 72 hours after an inmate/confined person is placed in close custody and periodic mental health assessments after that, including an appropriate mental health treatment plan, depending on the specific assessment requirements for the particular close custody Unit; 4. Provide structured and progressive levels that include increased privileges as an incentive for positive behavior and program participation; 5. Determine an inmate/confined person's length of stay in close custody on the nature and level of threat to the safe and orderly operation of the general population,

as well as program participation, rule compliance, and the recommendation of the person(s) assigned to conduct the classification review as opposed to strictly held periods;

6. Provide appropriate access to medical and mental health staff and services;
7. Provide access to visiting opportunities;
8. Provide appropriate exercise opportunities;
9. Provide appropriate ability to maintain proper hygiene;
10. Provide program opportunities appropriate to support the transition back to a general population setting or the community;
11. Collect sufficient data to assess the effectiveness of the implementation of these goals and objectives;
12. Conduct an objective review of all inmates/confined persons in close custody by persons independent of the placement authority to determine the inmate/confined person's need for continued placement in close custody and
13. All staff assigned to work in close custody units must receive appropriate training in managing inmates and confined persons in close custody.

In separate interviews, the Warden and staff who supervise inmates/confined persons in segregated housing confirmed that NJDOC/South Woods State Prison only restricts an inmate/confined person to a room as a last measure to keep an inmate/confined person who alleges sexual abuse safe and then only until an alternative means for maintaining the inmate/confined person safe can be arranged. The PREA Compliance Manager also confirmed that the facility has not placed an inmate/confined person who is alleged to have suffered sexual abuse in an involuntary segregation unit. The Auditor interviewed random and targeted inmates/confined persons during this audit. Each inmate/confined person sampled believed if their sexual safety were at issue, they would be protected from harm in segregation until transferred to another facility. The number of inmates/confined persons who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero, as confirmed by the IPCM. The number of inmates/confined persons who alleged to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero, as confirmed by the PCM. The Auditor also reviewed a sample of investigative reports from the past 12 months to confirm or negate information provided by the PCM regarding this standard.

The following was interviewed to determine compliance with this standard:

1. Warden or Designee
2. Staff who Supervise Inmates in Segregated Housing

	<p>3. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)</p> <p>4. The PREA Compliance Manager</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy Number PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, Internal Management Procedure ADM.SID.035 Investigation Procedures, Internal Management Procedure ADM.006.SID. 002 Arrest Procedures, Policy ADM.006.011 Investigations by the Special Investigations Division, Internal Management Procedure CUS.0010CSM.01 Crime Scene Management, Internal Management Procedure MED.MLI.005 Forensic Specimen Collection, Internal Management Procedure MED.MLI.007 Sexual Assault, Policy ADM.006.000 Special Investigations Division Mission, Goals and Objectives, and Organizational Structure collectively address the requirements of Standard 115.71.</p> <p>115.71 (a): When the agency conducts its investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>NJDOC Policy Number PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, page 50, indicates that a qualified NJDOC investigator investigates allegations of sexual abuse and sexual harassment. An investigator interviewed during this audit indicated that SID investigates sexual abuse and sexual harassment allegations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Problematic: during this reporting period, PAQ, Standard 115.22, indicates South Woods initiated 195 allegations of sexual abuse/sexual harassment reported during this auditing period, with 171 pending and 24 completed. This substandard requires corrective action (See Standard 115.22). After careful review, this Auditor determined that an inadvertent error occurred in reporting by the Special Investigation Division for PAQ standard 115.22.</p> <p>After careful review by the Special Investigations Division (SID), it was determined that an inadvertent error occurred in reporting specific to Standard 115.22 during this audit reporting period, South Woods Substandard 115.22 (a)-2, should reflect, in the past 12 months, the number of allegations of sexual abuse and sexual harassment as 159, with 36 investigations pending during the audited reporting period. Of the 159 total cases, 123 investigations of sexual abuse and harassment were completed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative review was reported as zero, but upon careful review, it was revised to 123 investigations. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as</p>

zero, but, upon careful review, was two investigations. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, all administrative and criminal investigations completed was approximately 77%, leaving 23% on investigations pending at South Woods.

115.71 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations under § 115.34. A sample of random investigators' training records confirms compliance with this substandard.

According to the SID investigator interviewed during this audit, where sexual abuse is alleged, the NJDOC employs investigators who have received special training as outlined in Standard 115.34. This Auditor reviewed the training curriculum that supports this and confirmed compliance with this standard. This Auditor verified compliance with this substandard by examining specialized and general training certificates to complete the mandated training. According to the PAQ, South Woods has six qualified investigators investigating PREA allegations. By examination, this Auditor determined that all investigations were investigated by investigators who received specialized training as outlined in this standard.

115.71 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During an interview with an investigator, he explained that as a part of his investigation, he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. Problematic, this Auditor requires additional evidence in the form of investigative reports to determine compliance with this substandard. This substandard requires corrective action.

115.71 (d): When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors to determine whether they may be an obstacle to subsequent criminal prosecution.

During an interview with an investigator, he confirmed when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors about whether compelled interviews may be an obstacle to subsequent criminal prosecution. By examination, this Auditor found sufficient evidence of communication between NJDOC investigative staff and the Cumberland County Prosecutors during this reporting period. The Cumberland County Prosecutor's Office accepted two investigative cases for prosecution both are still pending.

115.71 (e): The credibility of an alleged victim, suspect, or witness shall be assessed

individually and not determined by the person's status as an inmate or staff member. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

During an interview with an investigator, he confirmed that the credibility of an alleged victim, suspect, or witness is assessed individually and is not determined by a person's status as an inmate/confined person or staff member. According to the investigator interviewed, NJDOC does not require an inmate/confined person who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for investigating such an allegation. Further, formal conversations with inmates/confined persons with a history of sexual abuse (5) all expressed concerns with NJDOC and the belief in the credibility of an alleged victim and their witness's truthfulness. Inmate Interview Questionnaire # 12: Have you ever reported to authorities in person or in writing that you were sexually abused while in this facility? Four inmates/confined persons answered yes. Investigative reports support four inmates/confined persons reporting sexual abuse. This Auditor reviewed five reports of sexual abuse only to determine that one of the five investigations of reported sexual abuse was a supplemental investigation to a report of sexual abuse. Therefore, the total number of reported sexual abuse reports was four instead of five. This Auditor found no evidence to indicate that NJDOC requires an inmate/confined person who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for investigating such an allegation.

115.71 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

According to the investigator interviewed during this audit, administrative investigations (1) Include an effort to determine whether staff actions or failures to act contributed to the abuse, and (2) Are documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. By examination, this Auditor examined investigations initiated during this reporting period.

115.71 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

According to the investigator interviewed during the audit, criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Further, two criminal investigations were investigated by NJDOC and are under review by the Cumberland County Prosecutor's Office for possible prosecution.

115.71 (h): In an interview with the investigator assigned to South Woods, he

confirmed that substantiated allegations of conduct that appear to be criminal would be referred for prosecution. Investigative records support frequent communication with the local prosecutor's office to determine if allegations of sexual abuse/sexual harassment meet the prosecutorial threshold for criminal proceedings. Moreover, this Auditor examined evidence of communication between South Woods and the Cumberland Prosecutor's Office regarding the prosecution of inmates/confined persons accused of sexual abuse or sexual harassment.

115.71 (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

By examination, this Auditor determined that NJDOC retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. In reviewing a sample of investigative documents of inmates/confined persons who reported sexual abuse from five years prior, this Auditor determined that NJDOC retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j): The departure of the alleged abuser or victim from the facility or agency's employment or control shall not provide a basis for terminating an investigation.

An interview with an investigator assigned to South Woods confirmed that the departure of the alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating an investigation. The investigation would continue to its conclusion.

115.71 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

An interview with an investigator assigned to South Woods confirmed that any State entity or Department of Justice component conducting such investigations does so under the above requirements.

115.71 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

According to the PREA Coordinator, NJDOC would cooperate with outside investigators and endeavor to remain informed about the investigation's progress. It should be noted that NJDOC conducts administrative investigations, and substantiated investigations that are potentially criminal are forwarded to the Cumberland County Prosecutor's Office for action.

The following was interviewed to determine compliance with this standard:

1. NJDOC SID Principal Investigator
2. Inmates who Reported a Sexual Abuse

3. Warden or Designee
4. PREA Coordinator
5. PREA Compliance Manager
6. SID investigator

Corrective Action

115.71 (a): When the agency conducts its investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Upon careful review, the NJDOC SID Principal Investigator for South Woods determined that instead of 195 investigations for the reporting period, South Woods documented 159 investigations, of which 48 investigations were closed during this reporting period, and 105 cases were closed during the corrective action period, leaving 11 cases pending at the closing of the corrective action (180 days). Zero of the cases closed were referred to the Cumberland County Prosecutor's Office for action.

NJDOC will reinforce PREA Standard 115.71 and provide evidence of review. After careful review by the Special Investigations Division (SID), it was determined that an inadvertent error occurred in reporting specific to Standard 115.22 during this audit reporting period, South Woods Substandard 115.22 (a)-2, should reflect, in the past 12 months, the number of allegations of sexual abuse and sexual harassment as 159, with 36 investigations pending during the audited reporting period. Of the 159 total cases, 123 investigations of sexual abuse and harassment were completed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative review was reported as zero, but upon careful review, it was revised to 123 investigations. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as zero, but, upon careful review, was two investigations. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, administrative and criminal investigations completed total approximately 77%, leaving 23% on investigations pending at South Woods.

115.71 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. In reviewing a sample of investigations the examination revealed that in some investigations, the report omitted a review of prior reports and complaints of sexual abuse involving the suspected perpetrator. During the corrective action period, the Auditor will review a sample of administrative, investigative reports to determine compliance with this substandard . NJDOC will formally reinforce in writing full compliance with Standard 115.71, more specifically the requirement to include in each PREA-related investigation written documentation that the investigator included in the investigative process the review of prior reports and complaints of sexual abuse involving the suspected perpetrator. NJDOC will

	provide the Auditor with documented evidence of a memorandum to address the corrective action as outlined in 115.71 (c).
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, Internal Management Procedure ADM.SID.035 Investigation Procedures, Internal Management Procedure ADM.006.SID. 002 Arrest Procedures, Policy ADM.006.011 Investigations by the Special Investigations Division, Internal Management Procedure CUS.0010CSM.01 Crime Scene Management, Internal Management Procedure MED.MLI.005 Forensic Specimen Collection, Internal Management Procedure MED.MLI.007 Sexual Assault, Policy ADM.006.000 Special Investigations Division Mission, Goals and Objectives, and Organizational Structure collectively address the requirements of Standard 115.72.</p> <p>115.72 (a):115.72 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>According to the NJDOC SID investigator, the agency does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, pages 43- 45. and other related policies Internal Management Procedure ADM.SID.035 Investigation Procedures, Internal Management Procedure ADM.006.SID. 002 Arrest Procedures, Policy ADM.006.011 Investigations by the Special Investigations Division, Internal Management Procedure CUS.0010CSM.01 Crime Scene Management, Internal Management Procedure MED.MLI.005 Forensic Specimen Collection, Internal Management Procedure MED.MLI.007 Sexual Assault, Policy ADM.006.000 Special Investigations Division Mission, Goals and Objectives, and Organizational Structure.</p> <p>This Auditor examined a sample of investigations to validate if NJDOC does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This Auditor found evidence that suggests the need to reinforce Standard 115.71 (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. in one</p>

	<p>investigation, the investigator interviewed the alleged victim, the victim's witness who confirmed the victim's allegations, specialized training, and additional investigator training regarding PREA standards. The NJDOC SID Director and agency PREA Coordinator agree to reinforce in a memorandum Standard 115.71 and 115.72 as it relates to the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated based on the totality of the evidence. It should be noted that this Auditor found only one questionable investigation in the sample of investigations reviewed, but it still bears formally reminding all investigators of their duty to comply with this standard fully. The PREA Coordinator will provide evidence of the memorandum as it pertains to this standard, including staff acknowledgments.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Investigator 2. PREA Coordinator <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The NJDOC SID Director and agency PREA Coordinator agree to reinforce in a memorandum Standard 115.72 as it relates to the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated based on the preponderance of the evidence. It should be noted that this Auditor found only one questionable investigation in the sample of investigations reviewed, but it still bears formally reminding all investigators of their duty to comply with this standard fully. The PREA Coordinator will provide evidence of the memorandum as it pertains to this standard, including staff acknowledgments.
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.73 (a): Following an investigation into an inmate's allegation that they suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>This Auditor examined investigative (e.g., administrative and criminal) findings for this reporting period. According to the PAQ, the number of criminal and/or administrative investigations of alleged inmate sexual abuse completed by the agency/facility in the past 12 months was previously reported in error as 12. 115.73 (a)-3, of the alleged sexual abuse investigations that were completed in the past 12</p>

months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was previously reported as 9, with 3 inmates/confined persons out-of-custody.

After careful review by the Special Investigations Division, it was determined that an inadvertent error occurred in reporting specific to Standard 115.22, 115.71, and 115.73. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months is now 76 sexual abuse investigation, according to SID instead of 12. The number of inmates who were notified, verbally or in writing, of the results of the investigation, less those out of custody (3), was 73. Thus, 73 inmates/confined persons were informed whether the allegation was substantiated, unsubstantiated, or unfounded.

115.73 (b): If the agency did not conduct the investigation, it should request the relevant information from the investigative agency to inform the inmate.

From a sample of founded complaint documentation, this Auditor determined that NJDOC conducts its own administrative and criminal investigations. Substantiated investigations are forwarded to the Cumberland County Prosecutor's Office for disposition. PAQ Standard 115.73 (b)-2 states that the number of investigations of alleged inmate sexual abuse in the facility completed by an outside agency in the past 12 months remains zero; both investigations are still pending.

115.73 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility, or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

During an interview with an investigator he confirmed that NJDOC/South Woods informs all inmates/confined persons (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility, or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

After careful review by the Special Investigations Division, it was determined that an inadvertent error occurred in reporting specific to Standard 115.22, 115.71, and 115.73. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months is now 76 sexual abuse investigation, according to SID instead of 12. The number of inmates who were notified, verbally or in writing, of the results of the investigation, less those out of custody (3), was 73. Thus, 73 inmates/confined persons were informed whether the allegation was substantiated, unsubstantiated, or unfounded.

	<p>115.73 (d): Following an inmate's allegation that another inmate has sexually abused them, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>During an interview with an investigator and PCM during separate interviews, each confirmed that NJDOC/South Woods, following an inmate's allegation that another inmate has sexually abused them, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (e): All such or attempted notifications shall be documented.</p> <p>During an interview with the PCM, she confirmed that all such or attempted notifications should be documented. Investigative documents confirmed inmates/ confined persons sampled who reported sexual abuse were informed of the outcome of the investigation.</p> <p>115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.</p> <p>During an interview with the PCM, she confirmed that an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. PREA Investigator 3. Inmates who Reported a Sexual Abuse 4. PREA Compliance Manager
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

PCS.001.008 PREA Compliance and IMM.001.004 Zero Tolerance Prison Sexual Assault address the requirements of standard 115.76.

115.76 (a): Staff who violate agency sexual abuse or sexual harassment policies shall be subject to disciplinary sanctions, up to and including termination.

According to the facility Warden, all staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The facility Warden confirmed that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This Auditor confirmed the investigation of staff for violation of PREA sexual abuse or sexual harassment policies. Zero investigative reports sampled during this reporting period point to disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months.

115.76 (c): The facility Warden confirmed that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) should be 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.

According to the facility Warden, in the past 12 months, zero facility staff members have been disciplined, short of termination, for violating agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse).

115.76 (d): 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, shall be reported to law enforcement agencies unless the activity was not criminal and to any relevant licensing bodies.

The facility Warden confirmed that 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 resignations shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.

The following was interviewed to determine compliance with this standard :

1. Warden or Designee
2. PCM
3. PREA Coordinator

115.77	Corrective action for contractors and volunteers
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1469 499">PCS.001.008 PREA Compliance, IMM.001.004 Zero Tolerance Prison Sexual Assault and Internal Management Procedure PCS.001.VOL.001 Volunteer Services collectively address and outline the agency's disciplinary response related to violations of PREA policies by staff in support of compliance with Standard 115.77.</p> <p data-bbox="256 544 1461 656">115.77 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal and to relevant licensing bodies.</p> <p data-bbox="256 701 1477 1317">According to the Facility Warden, any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates/confined persons and shall be reported to law enforcement agencies unless the activity was not criminal and to relevant licensing bodies. NJDOC policies indicate that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contacting inmates/confined persons and reported to law enforcement agencies unless the activity was 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 intending 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/confined persons. During this reporting period, this Auditor found zero documentation of referrals to law enforcement and relevant licensing bodies from a sample of investigative reports.</p> <p data-bbox="256 1361 1453 1473">115.77 (b): The facility takes appropriate remedial measures and considers 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="256 1518 1477 2089">The facility Warden confirmed that South Woods takes appropriate remedial measures and considers whether to prohibit further contact with inmates/confined persons in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, including gate closure. Further, the facility Warden confirmed that disciplinary sanctions for violations of NJDOC policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be 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 according to the same policies. NJDOC takes a firm policy position on employees, volunteers, and contractors receiving training on their duties and responsibilities under the NJDOC's zero-tolerance policy and are informed that they must immediately report any incident or allegation of sexual abuse and sexual harassment. NJDOC policy states that inmates/confined persons can never consent to a sexual relationship with a staff member, contractor, or volunteer, which</p>

	<p>is against the law. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates/confined persons was zero, as confirmed by the PCM during her interview.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. PREA Compliance Manager
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, IMM.001.004 Zero Tolerance Prison Sexual Assault; ADM.008.000 Inmate Disciplinary Hearing Program Mission, Goal and Objective (MGO); and Inmate Handbook on Discipline Updated 5 13 2021: and NJAC Title 10A, Chapter 4 relates to inmate discipline in the NJDOC. NJAC Title 10A Chapter 12 Subchapter 12 and Policy IMM.001.004 collectively address Standard 115.78.</p> <p>115.78 (a): PCS.001.008 Prevention, Detection and Response of Sexual Abuse and Harassment PREA Compliance; pages 48 and 49, indicates that inmates/confined persons shall be subject to disciplinary sanctions under a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. (See other related resources IMM.001.004 Zero Tolerance Prison Sexual Assault; ADM.008.000 Inmate Disciplinary Hearing Program Mission, Goal and Objective (MGO); and Inmate Handbook on Discipline Updated 5 13 2021: and NJAC Title 10A, Chapter 4 relates to inmate discipline in the NJDOC. NJAC Title 10A Chapter 12 Subchapter 12 and Policy IMM.001.004?.</p> <p>Zero inmates/confined persons interviewed reported being subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>115.78 (b): Sanctions shall be 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.</p> <p>Zero inmate/confined person samples reported being disciplined 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</p>

similar histories.

115.78 (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Medical and mental health practitioners confirmed that the disciplinary officer considers an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Medical and mental health practitioners' samples during the onsite portion of this audit each confirmed South Woods offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

115.78 (e): The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

They may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. NJDOC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f): For disciplinary action, may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility Warden confirmed that NJDOC could discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (g): At its discretion, an agency may prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

NJDOC Policy Number PCS.001.008 PREA Compliance; pages 48-49 prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The following was interviewed to determine compliance with this standard:

1. Warden or Designee
2. Medical and Mental Health Practitioners

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1479 499">Policy Number PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, 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 Standard 115.81.</p> <p data-bbox="256 544 1453 701">115.81 (a): If the screening under § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="256 745 1473 1193">As confirmed during interviews with a sample of medical and mental health practitioners (Staff Responsible for Risk Screening) during this audit, if the screening under § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners document screening decisions on the EMR. Interviews with a sample of inmates/confined persons with a history of allegations of victimization confirmed being offered a follow-up meeting with a medical or mental health practitioner. Some investigative records reviewed indicated inmates/confined persons declined follow-up meetings with medical and mental practitioners.</p> <p data-bbox="256 1238 1473 1977">As confirmed by a medical practitioner, the Electronic Medical Record Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, if the screening checklist indicates that an inmate/confined person has experienced prior victimization, whether it occurred in an institutional setting or the community, healthcare staff will ensure that the inmate/confined person is seen for a follow up medical or mental health meeting within 14 days of the screening intake. Suppose the screening under § 115.41 indicates that a prison inmate/confined person has previously perpetrated sexual abuse, whether in an institutional setting or the community. In that case, staff shall ensure that the inmate/confined person is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. As stated in the EMR Multidimensional Sexual Victimization and Abusiveness Risk Assessment Checklist, if the screening checklist indicates that an inmate/confined person has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, healthcare staff will ensure the inmate/ confined person is seen for a follow up mental health meeting within 14 days of the screening intake. The South Woods PAQ indicates 115.81 (a)-3 in the past 12 months; the percentage of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100.</p> <p data-bbox="256 2022 1469 2089">The Auditor noted informed consent authorization is located on page two of the PREA risk screening instrument of the EMR. The Auditor interviewed targeted inmates/</p>

confined persons who confirmed being advised of the limits to confidentiality by medical and mental health practitioners at the initiation of service. South Woods State Prison houses zero inmates/confined persons under 18.

115.81 (b): If the screening under § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

As confirmed by a sample of medical and mental health practitioners, if the screening under § 115.41 indicates that a prison inmate/confined person has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, staff shall ensure that the inmate/confined person is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.81 (c): See 115.81(a)

115.81 (d): Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

As confirmed by a sample of medical and mental health practitioners, any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.81 (e): Medical and mental health practitioners shall 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.

As confirmed from a sample of medical and mental health practitioners, medical and mental health practitioners shall obtain informed consent from inmates/confined persons before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate/confined person is under 18.

The following was interviewed to determine compliance with this standard:

1. Inmates who Disclose Sexual Victimization at Risk Screening
2. Staff Responsible for Risk Screening
3. Medical and Mental Health Staff

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy PCS.001.008 PREA Compliance, MED.IMA.001 Health Appraisals at Reception, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services, Policy Number MED.002.004 Mental Health Services Staff Emergency Mental Health Services, Internal Management Procedure MED.MLI.007 Sexual Assault, Internal Management Procedure MED.MHS.002.010 Counseling Services for Victims of Sexual Assault, Internal Management Procedure MED.MLI.007 Sexual Assault, Internal Management Procedure MED.MHS.002.007 Psychiatry Services and Internal Management Procedure MED.IMHC.010, N.J.A.C.10A:16-2.10 Emergency medical treatment, Emergency Response. MED.MLI.007 Sexual Assault and Internal Management Procedure MED.IMHC.010 Co-Pay for Eligible Health and Dental Care collectively address Standard 115.82.</p> <p>115.82 (a): Inmate victims of sexual abuse shall 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.</p> <p>According to the Medical and mental health practitioners sampled during this audit, inmate/confined person victims of sexual abuse shall 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.</p> <p>NJDOC mandates that medical and health care services be available in all Operational Units that house inmates/confined persons. All inmates/confined persons individuals under the jurisdiction of the NJDOC have access to 24-hour emergency mental health services 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. 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 families of all critical illnesses, injuries, or deaths. Emergency cardiopulmonary resuscitation (CPR) from trained custody and healthcare staff is available from properly trained custody, and healthcare staff will carry out emergency medical transfer procedures according to medical and mental health practitioners interviewed during this audit.</p> <p>South Woods State Prison medical practitioners do not conduct forensic examinations unless the care is necessary to stabilize the inmate/confined person victim of sexual abuse/assault before being transported to a local emergency room. As codified at N.J.A.C.10A:16-2.10, Emergency medical treatment indicates that emergency medical care shall be available to inmates/confined persons 24 hours per day, seven days per</p>

week. General emergency response procedures for all medical emergencies are outlined within the NJDOC. Emergency Response. MED.MLI.007 Sexual Assault establishes specific guidelines to ensure that NJDOC medical practitioners can respond immediately and appropriately to allegations of prison sexual assault or abuse. Medical practitioners/ healthcare staff interviewed during the audit confirmed that they must follow the facility's written plan for responding to allegations of sexual assault or abuse of an inmate/confined person. Each medical practitioner/healthcare staff interviewed also confirmed an understanding of their role and responsibilities if an incident of sexual abuse/sexual assault occurs and the PREA response protocol is activated.

115.82 (b): If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with random and specialized staff confirmed during this audit that if no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Before being transported to a local hospital for a forensic examination and treatment of injuries related to sexual abuse/sexual assault trauma, a mental health practitioner would triage the inmate/confined person victim's level of suicide risk, ability to undergo a SANE/SAFE forensic examination and determine the desire for continued emotional support at the hospital, follow-up appointments or interviews regarding the incident. They also provide supportive counseling and may consult psychiatry if that is needed according to Internal Management Procedure MED.MHS.002.007 Psychiatry Services. The agency and South Woods State Prison require timely and unimpeded access to emergency medical treatment, crisis intervention, and victim advocacy services. Specialized medical practitioners confirmed that South Woods State Prison offers inmate/confined person victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. Furthermore, the same practitioners confirmed that the nature and scope of service provided to the inmate/confined person population is based on their professional judgment. Treatment services are provided to every inmate/confined person victim of sexual abuse/assault without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, according to Internal Management Procedure MED.IMHC.010 (Co-Pay) and confirmed by the Institutional PREA Compliance Manager.

115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prevention by professionally accepted standards of care, where medically appropriate.

Inmate/confined persons victims of sexual abuse, while incarcerated, shall be offered

	<p>timely information about and timely access to emergency contraception and sexually transmitted infections prevention by professionally accepted standards of care, where medically appropriate, as confirmed during interviews with medical and mental health practitioners during this audit. Investigative reports support compliance with this standard.</p> <p>115.82 (d): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident, as confirmed by a sample of medical and mental health practitioners interviewed during this audit.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Inmate who Reported a Sexual Abuse 2. Medical and Mental Health Practitioners 3. Security Staff First Responders 4. Non-Security Staff First Responders <p>.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	NJDOC Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault, Internal Management Procedure MED.MLI.007 Sexual Assault; and Internal Management Procedure MED.MHS.002.010 - Counseling Services for Victims of Sexual Assault, Policy Number MED.002.004 Mental Health Services Staff Emergency Mental Health

Services, Internal Management Procedure MED.MHS.002.001 Emergency Mental Health Services and Internal Management Procedure MED.IMHC.010 Co-Pay for Eligible Health and Dental Care addresses the requirements of Standard 115.83.

115.83 (a): Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53 indicates that the facility shall 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.

Medical and mental health practitioners sampled during this audit confirmed that South Woods offers medical and mental health evaluation and, as appropriate, treatment to all inmates/confined persons who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b): The evaluation and treatment of such victims shall 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. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

Medical and mental health practitioners sampled during this audit confirmed that 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. Policy PCS.001.008 PREA Compliance and Internal Management Procedure MED.MLI.007 Sexual Assault mandates appropriate tests be provided to the inmate/confined person victim as determined by medical and mental health practitioners. Inmate/confined person victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as medically appropriate. Furthermore, if sexual victimization occurs in an institutional setting, the inmate/confined person victim of sexual abuse would be offered tests for sexually transmitted infections as medically indicated. Medical and mental health practitioners sampled during the audit confirmed during individual interviews that the facility provides inmate/confined persons victims of sexual abuse/assault medical and mental health services consistent with the community level of care.

115.83 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

During this audit, South Woods medical and mental health practitioners sampled confirmed that South Woods provides such victims with medical and mental health services consistent with the community level of care.

115.83 (d): Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. During the onsite portion of this audit South Woods has zero transgender males. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

Inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. South Woods is an all-male facility with currently zero transgender males. See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

115.83 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. South Woods is an all-male facility with currently zero transgender males.

115.83 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

During this audit, medical and mental health practitioners sampled confirmed that victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical and mental health practitioners sampled during this audit confirmed that treatment services should be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53)

115.83 (h): All prisons 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. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53)

during this audit, medical and mental health practitioners sampled confirmed that all prisons 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. (See Policy Number PCS.001.008 Prevention, Detection and Response of Sexual Abuse, pages 51-53).

The following was interviewed to determine compliance with this standard:

1. Inmate who Reported a Sexual Abuse
2. Medical and Mental Health Practitioner

	<p>3. SID Investigator</p> <p>4. PREA Coordinator</p> <p>Noteworthy:</p> <p>After careful review by the Special Investigations Division (SID), it was determined that an inadvertent error occurred in reporting specific to Standard 115.22 during this audit reporting period, South Woods Substandard 115.22 (a)-2, should reflect, in the past 12 months, the number of allegations of sexual abuse and sexual harassment as 159, with 36 investigations pending during the audited reporting period. Of the 159 total cases, 123 investigations of sexual abuse and harassment were completed. Substandard 115.22 (a) - 3 in the past 12 months, the number of allegations resulting in an administrative review was reported as zero, but upon careful review, it was revised to 123 investigations. Substandard 115.22 (a) - 4 in the past 12 months, South Woods reports the number of allegations referred for criminal investigation as zero, but, upon careful review, was two investigations. Substandard 115.22 (a) - 5 in the past 12 months, the number of allegations received during the past 12 months, all administrative and criminal investigations completed was approximately 77%, leaving 23% on investigations pending at South Woods.</p>
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115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The State of New Jersey, Department of Corrections, Level I Internal Management Procedure # PCS.001.PREA.001, Policy Number PCS.001.008 Prevention, Detection, and Response of Sexual Abuse and Harassment, Policy Number IMM.001.004 Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment, Internal Management Procedure # ADM.SID.035 Special Investigations Division Level I Internal Management Procedures Internal Management Procedure Title: Investigation Procedures, Internal Management Procedure #014 Internal Management Procedure Title: Procedures for Sexual Offenses, and Internal Management Procedure # MED.MLI.007 Internal Management Procedure Title: Sexual Assault collectively addresses this standard.</p> <p>115.86 (a): The facility shall conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded.</p> <p>Investigative reports indicate that South Woods conducts a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not</p>

been substantiated unless it has been deemed unfounded. According to the PAQ 115.86 incident review sample, the timeframe established in PREA standards preceded it. According to the PREA Coordinator, a backlog statewide developed due to the restructuring of organization responsibilities in SID. NJDOC worked diligently to relieve the investigative backlog.

115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The committee incident reviews were problematic and not consistently held within 30 days. In one sample, the investigation was completed on 11/28/22. The incident review followed on 1/23/23, some 56 days after the closure of the investigation. Further, this Auditor noted during the corrective action period and following an allegation of sexual abuse reported on 12-30-22, the investigation was completed on 2-9-23 (unsubstantiated), with an incident review completed on 2-14-23, page 3 of 9 there is a reporting error. The incident review sampled precedes the timeframe established in PREA standards. This standard requires corrective action.

115.86 (b) In the past 12 months, the number of criminal and administrative investigations of alleged sexual abuse completed at the facility that was followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents, was listed as 8. This is a reporting error. This standard requires corrective action.

115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Auditor confirmed that the investigator, upper management, and medical and mental health practitioners participate in incident review meetings by examining incident review documents. This Auditor found no evidence of including input from line supervisors in her sample of incident reviews. However, line supervisors should still be included in the incident review process.

NJDOC has a unique secondary incident review process conducted at the agency level. This process is termed the Sexual Assault PREA Advisory Committee. This committee reviews all incident reports completed by facilities at least monthly (See Level I Internal Management Procedure # PCS.001.PREA.001 and Sexual Assault PREA Advisory Committee Meeting minutes sampled). The agency PREA Coordinator chairs the agency-wide incident review process, thus reviewing the minutes from the facility incident review committee, which includes recommendations from the facility incident review committee and the Warden to improve sexual safety for inmates/confined persons and staff.

115.86 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was

motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

During the on-site portion of this audit, the Auditor interviewed a member of the incident review committee (Major). The Major is a member of upper correctional management. During his interview, the Major explained that the PCM facilitates the incident review process, and recommendations are presented to the facility Warden. Further, the Major confirmed that the review process includes a review of factors such as (1) Considering whether the allegation or investigation indicates a need to change policy or practice to prevent better, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examination of physical barriers to determine if the barriers enabled abuse; (4) Review of staffing levels in that area during different shifts; (5) Considering if monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings for the Warden and the agency Sexual Assault PREA Advisory Committee for review.

115.86 (e): The facility shall implement the recommendations for improvement or document its reasons for not doing so.

According to the facility's Warden, she confirmed a mandate to either implement the Incident Review Committee's recommendations for improvement or document the reasons for not doing so.

The following was interviewed to determine compliance with this standard:

1. Warden or Designee
2. PREA Compliance Manager
3. Incident Review Team

Corrective Action:

1. 115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Problematic, the incident reviews were not consistently held within 30 days. In one sample, the investigation was completed on 11/28/22. The incident review followed on 1/23/23, some 56 days after the closure of the investigation. This standard requires corrective action. The PREA Coordinator re-trained the PCM and members of the Incident Review Committee regarding this standard. The PREA

	<p>Coordinator will provide this Auditor with proof of the said training. The Auditor will continue to sample incident review committee minutes to confirm compliance.</p> <p>2. 115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The agency PREA Coordinator will train the new PCM to raise awareness that incident review requires documented evidence of input from line supervisors. This Auditor will monitor the institutionalization of the process, including input from line supervisors during the corrective action period for full compliance with this standard.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>PCS.001.008 PREA Compliance; and PCS. 001.PREA.001, Sexual Assault-PREA Advisory Council (SAAC) addresses the requirements of Standard 115.87.</p> <p>115.87 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>By examination of uniform data collected, this Auditor confirmed that NJDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>115.87 (b): The agency shall aggregate the incident-based sexual abuse data annually.</p> <p>By examination, this Auditor determined that NJDOC aggregates the incident-based sexual abuse data annually. (See NJDOC annual report)</p> <p>115.87 (c): The incident-based data collected shall 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. (See NJDOC annual victimization report)</p> <p>By examination, this Auditor determined that NJDOC collects incident-based data to 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.(See NJDOC annual victimization report)</p> <p>115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.(See NJDOC annual victimization report)</p>

	<p>By examination, this Auditor determined that NJDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.87 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. (See NJDOC annual victimization report)</p> <p>This Auditor determined, by examination, that NJDOC collects incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates/confined persons.</p> <p>115.87 (f): The agency shall provide all such data from the previous calendar year to the Department of Justice by June 30 upon request.</p> <p>The PREA Coordinator, by examination, confirmed, upon request, that the agency would provide all such data from the previous calendar year to the Department of Justice by June 30.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>NJDOC Internal Management Procedure PCS. 001.PREA.001 Sexual Assault/Prison Rape Elimination Act (PREA) Advisory Council (SAAC); and the Sexual Victimization Annual Report 2019 address the requirements of Standard 115.88.</p> <p>115.88 (a): NJDOC reviews data collected and aggregated under § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by (1) Identifying problem areas (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.88 (b): NJDOC reports include comparing the current year's data and corrective actions with those from prior years and assessing the agency's progress in addressing sexual abuse.</p> <p>115.88 (c): NJDOC reports are approved by the NJDOC Commissioner and agency head and made readily available to the public through its website.</p> <p>115.88 (d): NJDOC may redact specific material from the reports when publication</p>

	<p>would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted according to the PREA Coordinator.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. NJDOC Commissioner 2. PREA Coordinator 3. PREA Compliance Manager
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>NJDOC Policy Number PCS.001.008 PREA Prevention, Detection and Response of Sexual Abuse and Harassment addresses Standard 115.89.</p> <p>115.89 (a): By examination, this Auditor confirmed the NJDOC ensures that data collected under § 115.87 are securely retained.</p> <p>115.89 (b): By examination, this Auditor confirmed that NJDOC makes 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. The NJDOC PREA Coordinator reviews data compiled by each NJDOC facility using the PREA Tracking System. NJDOC has a system that interfaces with data-generated systems such as the Electronic Medical Record (EMR) in real time. The PREA E-Management System addresses the broad areas of prevention, detection, and response to allegations of sexual victimization. Sexual Victimization Annual Report 2021 The New Jersey Department of Corrections compiles and posts a commissioner-level approved report of the department's incidents of sexual abuse/harassment on the official NJDOC webpage.</p> <p>115.89 (c): According to the PREA Coordinator, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>115.89 (d): According to the PREA Coordinator, NJDOC maintains sexual abuse data collected under § 115.87 for at least ten years after the initial collection date unless Federal, State, or local law requires otherwise.</p> <p>The following was interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. PREA Coordinator

115.401	Frequency and scope of audits
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a): During the three years of NJDOC starting on August 20, 2013, and during each three years after that, the agency shall ensure that each facility operated by the agency or by a private organization on behalf of the agency is audited at least once. The last PREA audit completed for South Woods State Prison was conducted in 2020.</p> <p>115.401 (b): This Auditor confirmed that during each year starting on August 20, 2013, NJDOC, the agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited.</p> <p>115.401 (h): The Auditor confirms that she accessed and observed all areas of the audited facilities.</p> <p>115.401 (i): The Auditor confirms that she could request and receive copies of any relevant documents (including electronically stored information).</p> <p>115.401 (m): The Auditor confirms she was permitted to interview inmates/confined persons privately.</p> <p>115.401 (n): Inmates/confined persons (random and targeted) confirmed during individual interviews their awareness of the audit and the opportunity to send confidential correspondence to the Auditor in advance of the onsite audit in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): The agency shall ensure that the auditor's final report is published on its website if it has one or is otherwise made readily available to the public.</p> <p>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. The agency has posted all audit reports on its website within ninety days of their completion. The public has access to reporting mechanisms and NJDOC</p>

	PREA trends data via the agency's website. NJDOC/South Woods State Prison met the requirements of Standard 115.403.
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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
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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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
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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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
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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
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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
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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	yes
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	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.)	
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?	yes
	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?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	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?	yes
	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?	yes
	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)?	yes
	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?	yes
	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?	yes
	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?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
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.)	yes
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?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
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.)	yes
	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	na

	facility does not have female inmates.)	
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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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	yes

	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?	
	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.)	no
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.)	yes
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.)	yes
	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?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
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	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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	yes

	suspicious 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.)	
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.)	yes
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.)	yes
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	yes

	screening instrument?	
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?	yes
	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)?	yes
	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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
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?	yes
	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?	yes
	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?	yes
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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
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	yes

	this standard.)	
	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,	na

	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.)	
	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	yes

	abuse or sexual harassment or retaliation?	
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	yes

	response to an incident of sexual abuse?	
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	yes

	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?	
	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	yes

	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).)	
	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	yes

	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?	
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	yes

	evidence sufficient to substantiate the allegation?	
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).	no
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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?	no
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	yes

	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?	
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.)	yes
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	Audit contents and findings	

(f)			
	<table><tr><td data-bbox="316 174 1289 568"><p>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.)</p></td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	<p>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.)</p>	yes
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