# PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS





Name of facility: Central Reception and Assignment Facility

**Physical address:** 2100 Stuyvesant Ave Trenton, New Jersey 08625

**Date report submitted:** July 26, 2014

**Auditor Information** 

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**Date of facility visit:** 6/16/14 - 6/19/14

**Facility Information** 

Facility mailing address: P. O. Box 7450 West Trenton, NJ 08628

**Telephone number:** 609-984-6000

The facility is: Military County Federal

Private for profit Municipal **X** State

Private not for profit

**Facility Type:** Jail **X** Prison

Name of PREA Compliance Manager: Lisa Schofield Assistant

Title: Superintendent

Email address: lisa.schofield@doc.state.ni.us

**Telephone number:** 609-984-6000

**Agency Information** 

**Name of agency:** Department of Corrections

**Governing authority or parent agency:** State of New Jersey

Physical address: Whittlesey Road Trenton NJ 08625

Mailing address: P. O. Box 863 Trenton NJ 08625

**Telephone number:** 609-292-4036

**Agency Chief Executive Officer** 

Name: Gary M. Lanigan Title: Commissioner

Email address: gary.lanigan@doc.state.nj.us

**Telephone:** 609-292-4036

Agency-Wide PREA Coordinator		
Name: Douglas Gerardi	Title:	Director, Policy & Planning
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#### **AUDIT FINDINGS**

**NARRATIVE:** The PREA Audit of the Central Reception and Assignment Facility were conducted from June 16 through June 19, 2014. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards finalized in August 2012. An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process. The following persons were in attendance: Evelyn Davis, Administrator; Lisa Schofield, Assistant Superintendent; D. Bass, Major; K. McGovern, Major; and Doug Gerardi, PREA Coordinator. I was then given a thorough tour of the facility.

All areas of the institution and farm camp toured were found to be in compliance. The tour group included the following staff: Evelyn Davis, Administrator; Lisa Schofield, Assistant Superintendent; Major Bass, Custody Supervisor; and Doug Gerardi, Director, PREA Coordinator. Inmates who were interviewed demonstrated their understanding of PREA and felt safe at the institution. The agency has provided a pocket guide for staff to carry to reference issues regarding PREA. The inmates have posters throughout the facility that provides the inmates with contact information regarding PREA and what to do if they are harassed or sexually assaulted. Inmates during count time are given the opportunity to watch a pre-recorded video regarding PREA.

All areas of the institution toured were found to be in compliance of PREA standards. Throughout the tour I had informal spot check conversations with line staff and inmates regarding the PREA standards.

Following the tour, I began interviewing staff. There were twenty-five (25) randomly selected correctional officers and specialized staff that were interviewed. Staff was interviewed from all shifts. Staff included was the Administrator, PREA Compliance Manager, Special Investigations Division Investigator, Chaplain, Religious Volunteers, health care providers and mental health professionals. Staff and volunteers interviewed demonstrated a good understanding and knowledge of PREA standards with a positive thinking "top-down" management philosophy.

There were 10 inmates interviewed from the housing units. Those interviewed were randomly selected from a list of all inmates assigned to the facility. In addition, those identified as being in a designated group (i.e., disabled, limited English speaking ability, gay or who had reported a sexual abuse, etc.) were also interviewed and one (1) inmate interviewed regarding his letter sent to me regarding PREA and his concerns. All inmate interviews conducted demonstrated a good understanding and knowledge of PREA standards.

I would like to thank Administrator Davis and her staff for the professionalism they demonstrated throughout the audit and for their hospitality they showed me during the audit. The correctional officers maintain a safe environment for the inmates and staff. They were knowledgeable about first response, evidence collecting, and PREA standards. I also would like to thank Lisa Schoefield, the PREA Compliance Manager for her excellent work in organizing the electronic files that were provided to me prior to the audit and discussing issues regarding their audit. This enabled me to move forward very quickly and efficiently.

**DESCRIPTION OF FACILITY CHARACTERISTICS:** The Central Reception and Assignment Facility and Jones Farm are located in Mercer County, West Trenton, New Jersey. Central Reception Assignment Facility was converted from a mental health hospital. The facility is used as an Administrative institution for receiving and assigning inmates to the most appropriate institution based on their security level and needs. The facility has a small work cadre unit who maintains the institution and a work farm for minimum security inmates.

The facility is designed for housing maximum, medium, gang minimum and full minimum security male inmates. Adult inmates are 21 years old and older and the youthful offender ages range from 17–21. The rated capacity for Central Reception Assignment Facility is 609 and Jones Farm is 282. There were a total of 858 inmates in custody on the first day of the audit at the facility and farm camp. The facility admitted 2,232 inmates during the past 12 months. The average length of stay is 181 days. During the past 12 months there were 282 correctional staff and 211 civilian staff assigned to the facility.

Central Reception and Assignment Facility provides educational, vocational, recreational, and religious programs as well as treatment programs for the inmates. The facility also provides dining, health care and mental health services and visitation to all housing units for both public and professional visitors. The institution uses a system of cameras and video recorders to monitor the facility's internal and external security. All cameras are pointed and focused to optimize security.

On June 19, 2014 the site audit was completed at the Central Reception and Assignment Facility with an exit briefing. I thanked the staff for all their hard work and their commitment to the Prison Rape Elimination Act.

An interim report was provided to the New Jersey Department of Corrections with forty three (43) standards being reviewed; 41 standards met standards; and two not meeting standards during the audit. As of July 7, 2014, all discrepancies have been corrected to meet the standards.

The summary of the final audit findings for Central Reception and Assignment Facility is listed below.

#### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0
Not Applicable:	0

### §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) The Agency meets the standard with their policies and practice. Policies include NJAC 10A:4-12.2 Zero Tolerance Policies of the Department of Corrections, NIDOC Level 1 IMP PCS.001.PREA ICM PREA Institutional Compliance Manager, NJDOC Level 1 IMP IMM.001.PSA.001 Prison Sexual Assault, NJDOC Level 1 IMP PCS.001.PREA.AC PREA Agency Coordinator, and NIDOC Policy IMM.001.004 Zero Tolerance. They have developed a booklet called PREA Overview/Sexual Abuse Victim Response which is available for all staff to carry with them at all times. §115.12 - Contracting with other entities for the confinement of inmates ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) The agency contracts with five nonprofit agencies to provide Residential Community Release Halfway houses for inmates released from the Central Reception and Assignment Facility. They have administrative responsibility over six of the facilities and require them to adopt and comply with PREA standards. They regularly monitor the contractor's compliance with PREA standards. §115.13 - Supervision and Monitoring □ Fyceeds Standard (substantially eyceeds requirement of standard)

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

 $\square$  Does Not Meet Standard (requires corrective action)

Administrator Davis reviews the institutional staffing plan annually to ensure there are proper staffing levels. Documentation of unannounced rounds that cover all shifts was reviewed. There is an extensive video camera system in place and they are planning to add more cameras to enhance the facility's security system.

The following policies meet this standard: NJDOC Policy CUS.001.011 Searches of Inmates and Facilities, NJDOC Policy 3301 Post Trick Analysis/Baseline Staffing, NJDOC Policy CUS.001.012 Security at Facility Entry Points and NJDOC Level 1 IMP CUS.001.SEA.01.

### §115.14 - Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Does Not Meet Standard (requires corrective action)

The facility policy prohibits placing youthful inmates in a housing unit with adults. The adult inmates are out of sight and sound of youthful offenders. This was verified through the tour of the housing units. The Policy directives Level III #78 – Youthful Offender Unit, CRAF Level III #1020 – Youthful Offenders meet the requirement of this standard.

#### §115.15 - Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- □ Does Not Meet Standard (requires corrective action)

Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The following policies meet the requirements of the standard: NJDOC Level 1 CUS.001SEA.01 Searches, Basic Course for SCO – Instructional, and supporting documentation of Facility procedures and Training logs in Folder 115.15.

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s) by stating "female on unit." This was verified through observation on the unit and documented during interviews with staff and inmates, as well as review of the unit log books. Privacy notices are posted throughout each housing unit. Staff is trained on conducting strip searches of transgender and intersex inmates in a consistent and professional manner.

## §115.16 - Inmates with Disabilities and Inmates who are Limited English Proficient

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

□ Does Not Meet Standard (r	requires corrective a	ction)
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The following NJDOC policies ensure compliance with this standard: NJDOC Policy SUP.004.001 LEP Language Assistance: Bilingual Staff & Use of Language Line, NJDOC Level 1 IMP PCS.001.DFH.01 Deaf or Hard of Hearing Inmates 2013 Language Line Contract, NJDOC Policy IMM.002.003 ADA, and NJDOC Level 1+3 MED.AGP.002 Information on Health policy. The facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. There have been no instances during this report period where inmate interpreters, readers or other types of inmate assistants were used. This was confirmed through staff and inmate interviews.

### §115.17 - Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- □ Does Not Meet Standard (requires corrective action)

Based on interviews with HR most components of this standard are being met. Operating procedures to meet this standard include NJDOC Policy PSM.001.001 Reporting of Arrests, Summons, Incarcerations, NJDOC Policy PSM.001.011 Staff Selections and Promotions, NJDOC Policy ADM.006.007 Pre-Employment Background Checks, and NJDOC Level 1 IMP PSM.SSP.003 Panel Interviews. The facility does not conduct background checks at least every five years for current permanent employees. Documentation received from the New Jersey Department of Corrections has been verified. The agency has since become compliant with this standard as of July 2, 2014. All employees/contractors have recently had their criminal background check completed again. They conduct background checks every three years for contractors, and annually for temporary employees and volunteers. The Special Investigations Division conducts background checks at the time the NJDOC ID card is renewed.

#### §115.18 - Upgrades to Facilities and Technology

🗆 Exceeds Standard (	substantially	y exceeds red	juirement o	of standard
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- □ Does Not Meet Standard (requires corrective action)

The facility is in the process of updating their camera system throughout the facility. The agency and facility considers the importance how monitoring technology (cameras) will

enhance their ability to protect inmates from sexual abuse. A review of their staffing plan addresses the enhancement through cameras.

### §115.21 - Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. The healthcare staff follows the institution's written plan for responding to allegations of sexual assault of inmates. Healthcare staff is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to the appropriate community facility. The Special Investigations Unit is also notified immediately and would be present at the hospital for the investigation. There were no forensic medical examinations during this reporting period. Policies reviewed and interviews with medical and mental health staff verify the compliance with this standard.

### §115.22 - Policies to Ensure Referrals of Allegations for Investigations

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

Policies that meet this standard include: NJDOC Policy IMM.001.004 Zero Tolerance Prison Sexual Assault, NJDOC Policy ADM.006.011 Investigations by the Special Investigations Division, NJDOC Level 1 IMP ADM.006.SID.014 Sexual Assault (Confidential), NJDOC Level 1 IMP CUS.001.CSM.01 Crime Scene Management, NJDOC Level 1 IMP IMM.001.PSA.001 Prison Sexual Assault, and NJDOC Level 1 IMP ADM.006.SID.035. All allegations are referred to the Special Investigations Division for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. There were three (3) reported inmate on inmate allegations of sexual abuse. These inmate cases were reviewed during the audit. The three (3) cases were unsubstantiated for sexual abuse. However, one (1) inmate was charged with making sexual proposals or threats to another (sexual harassment) and one (1) inmate was charged with assaulting any person not of a sexual nature. The Special Investigative Unit investigators and inmates were interviewed. None of the cases were substantiated.

### ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period □ Does Not Meet Standard (requires corrective action) Agency and facility policies meet this requirement of the standard which include: NJDOC Policy ADM.010.004 Standards of Professional Conduct: Staff/Inmate over Familiarity, NJDOC Level 1 IMP and IMM.001.PSA.001 Prison Sexual Assault. I reviewed the training curriculum for Custody PREA PowerPoint, Civilian PREA Training, and PREA Refresher (Biennial) for NJDOC Employees. A review of the lesson plan demonstrates all the required areas are covered during training. The facility distributed copies of the Quik Series PREA Overview/Sexual Assault Victim Response booklet. All staff interviewed indicated that they received the booklet. This was verified through interviews and review of sign-in sheets. §115.32 - Volunteer and Contractor Training ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and harassment, detection and response policies. An interview with volunteers and contract workers demonstrate their knowledge of PREA, their responsibilities in reporting incidents and the agency's zero tolerance policy. A review of contractor and volunteer PREA Training and sign in sheets training was verified. §115.33 - Inmate Education ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) Interviews with the inmates and staff verify that they received the PREA training. PREA Posters are displayed throughout the facility in prominent areas with phone number to call to report abuse. The facility inmate handbook covers the PREA information and they

receive information at the time of intake. The inmates sign an acknowledgement of having

§115.31 - Employee Training

received the training.

### §115.34 - Specialized Training: Investigations ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) Investigators have received specialized training developed by Moss Group for conducting sexual abuse investigations and crime scene preservation. This was verified through staff interviews, a review of the PowerPoint presentation which included evidence preservation, reporting and handling incidents of sexual abuse. Training records and sign in sheets indicate training was conducted. §115.35 - Specialized training: Medical and mental health care ☐ Exceeds Standard (substantially exceeds requirement of standard) for the relevant review period) □ Does Not Meet Standard (requires corrective action) All medical and mental health staff has received specialized training presented by both NJDOC and Rutgers University Correctional Health Care on PREA Addressing Sexual Abuse and Harassment of inmates. This training includes issues on victim identification, interviewing, reporting, and interventions for medical and mental health staff. A review of sign in sheets and interviews with the medical and mental health staff confirmed the training was received. §115.41 – Screening for Risk of Victimization and Abusiveness ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) Screening for any sexual abuse is completed within 24 hours of arrival into at the facility. If the inmate is identified as being at risk of sexual victimization or sexual abuse of other inmates, they are seen by medical and mental health staff to determine any PREA monitoring or services needed. The inmate will be assessed by the psychologist, if needed. Services are provided by individual therapy to both victims and perpetrators. This was

verified through interviews with the staff. Policies addressing this standard include: NJDOC Level 1+3 MED.MHS.001.002 Mental Health Services Reception & Evaluation, NJDOC Level

1+3 MED.MHS.001.001 Access to Mental Health Services, NJDOC Level 1+3 MED.IMA.001 Health Appraisals at Reception and Multidimensional Sexual Victimization & Abusiveness Risk Assessment Checklist.

### §115.42 - Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program assignments are done on a case by case basis. The information is also monitored through the PREA courtesy alert electronic system of notification for both the PREA Alert list and PREA Movement notice. Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate. Policy and procedures that address these issues are: NJDOC Policy CLS.001.000 Classification Mission, Goals, and Objectives; NJDOC Policy CLS.001.001 Review of Inmates by Classification and Review Committee; NJAC 10A:9-3.6 Special reviews; and OIT PREA Automated Notifications.

### §115.43 - Protective Custody

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

There were no inmates placed in this status during the report period. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation is found. Agency policy NJAC 10A:5-7 Close Custody Units-Temporary Close Custody; Form CUS-139 Inmate Placement Investigation Form; FORM CUS 106 Prehearing Protective Custody Placement Form; and FORM CUS 104 Authorization for Temporary Close Custody meets the requirements of this standard.

☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
The facility provides multiple internal ways for inmates to report sexual abuse, sexual harassment and retaliation. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Interview of staff and inmates verify procedures and policies demonstrate they know how to report incidents. The agency has established a privately reporting system for staff to report cases of sexual abuse or harassment to the Special Investigation Division.
Agency policies that meet this standard are: NJDOC Policy IMM.002.001 Inmate Remedy System, NJDOC Level 1 IMP IMM.002.IRS.001 Inmate Remedy System. NJDOC Level 1 IMM.001.PSA.01 Prison Sexual Assault, and NJDOC Level 1 IMP PCS.001.PREA.OMB Allegations of Sexual Abuse, Assault, Harassment and Retaliation Reported to the Ombudsman.
§115.52 - Exhaustion of Administrative Remedies
□ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Policy JDOC Level 1 IMP IMM.002.IRS.001 Inmate Remedy System meets the requirements of this standard. There were no inmate grievances filed for alleged sexual abuse in the last 12 months.
§115.53 - Inmate Access to Outside Confidential Support Services
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
A Sexual Assault Free Environment (SAFE) brochure is made available to all inmates. There are numerous outside contacts listed as resources for outside confidential support services.

§115.51 - Inmate Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
The Agency has established a method to receive reports of sexual abuse and sexual harassment from a third party. SID takes third party reports and conducts an investigation. Agency Policy NJDOC Level 1 IMP PCS.001.PREA.OMB Allegations of Sexual Abuse, Assault, Harassment and Retaliation Reported to Ombudsman meet the requirements of this standard.
There is a Website link to PREA Reporting Information for Family/Visitors:
http://www.state.nj.us/corrections/pdf//PREA/14 and PREA Information for
Family/Visitors available in facility visit centers.
§115.61 - Staff and Agency Reporting Duties
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
Agency policy NJDOC Level 1 IMP IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault and Quik Series Booklet PREA Overview/Sexual Assault Victim Response meets the requirements of this standard. Agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and staff not to discuss or reveal information to anyone other than to the extent necessary. This was verified through interviews with correctional officers, volunteers and random specialized staff.
§115.62 - Agency Protection Duties
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policies NJDOC Level 1 IMP IMM.001.PSA.01 Zero Tolerance of Prison Sexual Assault; NJAC 10A: 5-7 Close Custody Units-Temporary Close Custody; and NJAC 10A 5-5.1 Closed Custody Units-Protective Custody meet this standard. There were no inmates

§115.54 - Third-Party Reporting

placed in this status during this reporting period due to the risk of imminent sexual abuse. This was verified through interviews with staff.

9115.63 - Reporting to Other Confinement Facilities
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policy NJDOC Level 1 IMP PCS.001.PREA.ICM meets the requirements of this standard. This was also verified through interviews with Administrator and PREA Coordinator. Three allegation(s) that an inmate was abused while confined at another facility were reported to the Special Investigations Division reviewed and investigated.
§115.64 - Staff First Responder Duties
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policies NJDOC Level 1 IMP CUS.001.CSM.01 Crime Scene Management, NJDOC Level 1 IMP IMM.001.PSA.01 Prison Sexual Assault, NJDOC level 1+3 IMP MED.MLI.007 Sexual Assault, and NJDOC Level 1 IMP SID 014 meets the requirements of this standard. This was verified through staff interviews.
§115.65 - Coordinated Response
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policies NJDOC Level 1 IMP CUS.001.CSM.01 Crime Scene Management; NJDOC Level 1 IMP IMM.004.PSA.01 Prison Sexual Assault; NJDOC Level 1 + 3 IMP MED.MLI.0007 Sexual Assault; and NJDOC Level 1 IMP.SID.014 Procedures for Sexual Offenses address this standard. This was discussed in interviews with the Administrator and the SID Investigator.

### ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) All collective bargaining agreements meet the requirements of the standard. §115.67 - Agency protection against retaliation ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) The policy NJDOC Level 1 IMP IMM.001.PSA.001 Zero Tolerance of Prison Sexual Assault, NIDOC Level 1 IMP PCS.001.PREA.ICM and Form PREA AC-Retaliation meets the requirements of this standard. The PREA Compliance Manager is assigned to monitor for possible retaliation. His responsibilities include interviewing inmates who previously alleged sexual victimization within 30 days of allegation to ensure they haven't experienced retaliation because of their allegation(s); for at least 90 days following report of sexual assault/harassment allegation, and to monitor by way of periodic status checks. There have been no incidents of retaliation reported in this report period. This was verified during the Administrator and PREA Compliance Manager interviews. §115.68 - Post-Allegation Protective Custody ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation found. There were no inmates placed in temporary close custody during this reporting period. Agency policy NJAC 10A:5-7 Close Custody Units-Temporary Close Custody; Form CUS-139 Inmate Placement Investigation Form; FORM CUS 106 Prehearing Protective Custody Placement Form; and FORM CUS 104 Authorization for Temporary Close Custody

meets the requirements of this standard.

§115.66 - Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policies that address their standard include: NJDOC Policy ADM.006.011 Investigations by the Special Investigations Division, NJDOC Level 1 IMP ADM.006.SID.014 Procedures for Sexual Assault and NJDOC Level 1 IMP ADM.006.SID.035 Investigative Procedures. The Central Reception and Assignment Facility Investigator conducts investigations within the facility. All SID Investigators have received special investigation training. The SID serves as the Department's liaison to law enforcement agencies, conducts cooperative investigations in conjunction with federal, state, county and municipal law enforcement agencies. There were no substantiated allegations of sexual abuse referred for prosecution during this rating period. All of the investigations were reviewed.
§115.72 - Evidentiary Standard for Administrative Investigations
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
This is covered in the Special Investigations Division PowerPoint PREA Training for Special Investigations Division (Slide 32) training curriculum.
§115.73 - Reporting to Inmate
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policy NJDOC Level 1 IMP PCS.001.PREA.AC PREA Agency Coordinator indicates that is the Coordinators responsibility to notify the inmate of the findings. The NJDOC PREA Sexual Abuse Investigation Disposition Report documents the actions taken. There were two notifications made to inmates regarding alleged sexual abuse findings during the last 12 months.

 $\S 115.71$  – Criminal and Administrative Agency Investigations

### §115.76 - Disciplinary sanctions for staff ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) Human Resources Bulletin 84-17 includes all the requirements of this standard. During this 12 month reporting period no staff member was found in violation of the agency's sexual abuse or sexual harassment policies. §115.77 - Corrective action for contractors and volunteers ☐ Exceeds Standard (substantially exceeds requirement of standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) There were no contractors or volunteers during this period that was reported to law enforcement for engaging in sexual abuse of inmates. Agency policies that meet this standard are NIDOC Policy PCS.001.003 Volunteer Service Program, NIDOC Level 1 IMP PCS.001.VOL.001 Volunteer Services Operating Procedures, Form 45011 Volunteer Rules and Responsibilities and Contractor Zero Tolerance Handout. §115.78 - Disciplinary sanctions for inmates ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) The inmate handbook addresses all disciplinary sanctions for inmates. Agency policy NJAC 10A:4-1.3 Inmate Discipline and NJDOC Handbook of Discipline for Inmates address the requirements of this standard. There were no documented inmate-on-inmate sexual abuses that were disciplined during this reporting period. §115.81 - Medical and mental health screenings; history of sexual abuse ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Policies addressing this standard include: NJDOC Level 1+3 MED.IMA.001 Health Appraisals at Reception, NJDOC Level 1+3 MED.MHS.001.001 Access to Mental Health Services, NJDOC Level 1+3 MED.MHS.001.002 Mental Health Services Reception & Evaluation and the Multidimensional Sexual Victimization & Abusiveness Risk Assessment Checklist. Central Reception and Assignment Facility meets the requirements of the standard as verified by the review of procedures and staff and inmate interviews.
§115.82 – Access to emergency medical and mental health services
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Policy MED.EME.005 Level 1 + 3 Emergency; MED.MLI.007 Level 1 + 3 Sexual Assault and MED.MHS02.010 Counseling Services for Victims of Sexual Assault meets the requirements of this standard. A wide range of treatment services are offered to every victim without financial cost while at the facility.
§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Review of policies and procedures, inmate and staff interviews verify compliance of this standard.
§115.86 - Sexual abuse incident reviews
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\boxtimes$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Agency policies NJDOC Policy PCS.001.005 PREA: Sexual Assault Advisory Council and NJDOC Level 1 IMP PCS.001.PREA.001 Sexual Assault Advisory Council meet the requirements of this standard. Committee members shall consist of a representative of the

☐ Does Not Meet Standard (requires corrective action)

following departments: Administrator, PREA Compliance Manager, Special Investigations Division, Mental Health Services, Medical Services, Community Programs and Outreach Services, and Victim Services.

### §115.87 - Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in NJDOC Policy PCS.001.005 PREA: Sexual Assault Advisory Council. The NJDOC publishes an annual report regarding PREA-related incidents. The agency and facility regularly conducts sexual abuse/assault incident reviews to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required.

### §115.88 - Data Review for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Does Not Meet Standard (requires corrective action)

An annual report with corrective actions is published, and posted on the New Jersey DOC website: http://www.state.nj.us/corrections/pages/PREA/PREA.html. The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions.

### §§115.89 - Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Does Not Meet Standard (requires corrective action)

An annual report with corrective actions is published, and posted on the New Jersey DOC website: http://www.state.nj.us/corrections/pages/PREA/PREA.html.

### **AUDITOR CERTIFICATION:**

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

Edward B. Motley July 26, 2014

Auditor Signature Date