<table>
<thead>
<tr>
<th>Name of facility:</th>
<th>Edna Mahan Correctional Facility for Women</th>
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</thead>
<tbody>
<tr>
<td>Physical address:</td>
<td>30 County Road 513  Clinton, NJ  08809</td>
</tr>
<tr>
<td>Date report submitted:</td>
<td>July 25, 2014</td>
</tr>
<tr>
<td>Auditor Information</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>111820 Parklawn Drive, Suite 240   Rockville, MD 20852</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:ed.motley@nakamotogroup.com">ed.motley@nakamotogroup.com</a></td>
</tr>
<tr>
<td>Telephone number:</td>
<td>217 251 6349</td>
</tr>
<tr>
<td>Date of facility visit:</td>
<td>6/9/14</td>
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<tr>
<td>Facility mailing address:</td>
<td>P. O. Box 4004  Clinton, NJ 09809</td>
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<tr>
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<td>908 735 3600</td>
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<tr>
<td>Name of PREA Compliance Manager:</td>
<td>Steven Johnson</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:steven.johnson@doc.state.nj.us">steven.johnson@doc.state.nj.us</a></td>
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<td>Department of Corrections</td>
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<tr>
<td>Governing authority or parent agency:</td>
<td>State of New Jersey</td>
</tr>
<tr>
<td>Physical address:</td>
<td>Whittlesey Road Trenton NJ  08625</td>
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<tr>
<td>Mailing address:</td>
<td>P. O. Box 863  Trenton NJ  08625</td>
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**Agency Chief Executive Officer**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email address</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary M. Lanigan</td>
<td>Commissioner</td>
<td><a href="mailto:gary.lanigan@doc.state.nj.us">gary.lanigan@doc.state.nj.us</a></td>
<td>609-292-4036</td>
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**Agency-Wide PREA Coordinator**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Douglas Gerardi</td>
<td>Director, Policy &amp; Planning</td>
<td><a href="mailto:douglas.gerardi@doc.state.nj.us">douglas.gerardi@doc.state.nj.us</a></td>
<td>609-826-5625</td>
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AUDIT FINDINGS

NARRATIVE: The PREA Audit of Edna Mahan Correctional Facility (EMCFW) was conducted from June 9 through June 11, 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 with the following persons: Valerie Arthur, Administrator; Steven Johnson, Associate Administrator; Helen Adams, Assistant Superintendent; Judith Lang, Chief of Staff (NJDOC); Doug Gerardi, Director, PREA Coordinator (NJDOC) on the first day of the audit and discussed any concerns that they had. I was then given a thorough tour of the facility. Throughout the tour I had informal conversations with line staff and inmates.

I would like to thank Administrator Arthur and her staff for the professionalism they demonstrated throughout the audit and for their hospitality they showed me during the audit. The correctional officers and other staff were knowledgeable about PREA, first response, evidence collecting, and maintaining a safe environment for the inmates and staff. I also wish to compliment the PREA Compliance Manager, Steven Johnson for his 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.

Following the tour, I began interviewing staff. Twelve randomly selected correctional officers and other identified specialized staff interviewed included: Administrator, PREA Compliance Manager, Special Investigations Division Investigator, Chaplain, Religious Volunteers, health care providers and mental health professionals.

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.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Edna Mahan Correctional Facility is located in Hunterdon County, Clinton, New Jersey. The facility houses maximum/medium, medium, gang minimum and full minimum security level female inmates whose ages range from 16 and older. The rated capacity is 845. There were 775 inmates in custody on the first day of the audit which included one (1) youthful inmate housed at the facility. The facility admitted 1076 inmates during the past 12 months. During the past 12 months there were 460 staff assigned to the facility.

Edna Mahan Correctional Facility provides custody and treatment programs for female offenders. The facility features a program called “Puppies Behind Bars” where inmates train guide dogs for the blind, and other unique endeavors. EMCFW has a drug and alcohol
treatment unit as well as Industry shops specializing in clothing and tele-response/data entry.

The facility provides dining, recreation, health care and mental health services, academic and vocational and religious programs. The facility provides visitation to all housing units for both public and professional visitors.

The facility 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 11, 2014, the site audit was completed at the Edna Mahan Correctional Facility for Women with an exit briefing. I thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. The interim report was provided July 7, 2014 to New Jersey Department of Corrections Central Office.

The summary of the final audit findings for Edna Mahan Correctional Facility for Women is listed below.

**SUMMARY OF AUDIT FINDINGS:**

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<table>
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§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, NJDOC 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 NJDOC 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 Edna Mahan Correctional 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

☐ 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)

Administrator Arthur 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 cameras to housing units and the recreation areas.

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

### §115.14 – Youthful Inmates

- ☑ 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 policy prohibits placing youthful inmates in a housing unit with adults. Youthful inmates are out of sight and sound of adults. The facility had one youthful inmate in the facility. This was verified through the tour of the housing units. This meets the requirement of the standard. Supporting documentation is in housing policy folder 115.14.

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

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

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 “male 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 (requires corrective action)

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.

§115.17 – Hiring and Promotion Decisions

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

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 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)

Not Applicable - They have not had any upgrade to facilities or technology during this report period.

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

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

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. 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 four (4) reported allegations of sexual abuse reviewed during the audit which included the three letters received from inmates regarding their allegations. The Special Investigative Unit investigators and inmates were interviewed. None of the cases were substantiated.

§115.31 – Employee Training

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

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 and sign in Sheet, Civilian PREA Training and sign in sheet, PREA Refresher (Biennial) for NJDOC Employees and the Quik Series PREA Overview/Sexual Assault Victim Response booklet. All staff interviewed indicated that they received the required PREA training.

§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)

Reviewed contractor and volunteer PREA Training and sign in sheets training received.

§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 also receive information at the time of intake. The inmates sign an acknowledgement of having 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 and a review of the PowerPoint presentation which included evidence preservation and reporting and handling incidents of sexual abuse.

**§115.35 – Specialized training: Medical and mental health care**

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

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)
Policies addressing this standard include: NJDOC Level 1+3 MED.MHS.001.002 Mental Health Srvcs 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.

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.

§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)

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. 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. They have a system for collecting information and providing continued re-assessment and follow-up services if needed. Placement and programming assignments for transgender and intersex inmates are reassessed at least twice a year. 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.

§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)

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. There were two 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.

§115.51 – Inmate Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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. 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.

§115.52 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy JDOC Level 1 IMP IMM.002.IRS.001 Inmate Remedy System meets the requirements of this standard. There were two inmate grievances filed in last year that alleged sexual abuse.
§115.53 – Inmate Access to Outside Confidential Support Services

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

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.

§115.54 – Third-Party Reporting

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

The Agency has established a method to receive reports of sexual abuse and sexual harassment from a third party. 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 _PREA Information for Family/Visitors available in facility visit centers.

§115.61 – Staff and Agency Reporting Duties

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

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. This was also verified through interviews with random staff.
§115.62 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies NJDOC Level 1 IMP IMM.001.PSA.01 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 placed in this status during this reporting period. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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. There was one allegation that an inmate was abused while confined at another facility. It was reviewed by the Special Investigative Unit investigators and could not be substantiated.

§115.64 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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 interviews with staff.
§115.65 – Coordinated Response

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

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.

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

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

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)

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)

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. 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.

§115.71 – Criminal and Administrative Agency Investigations

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

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 Edna Mahan Correctional Facility Investigator conducts investigations within the facility after consulting the Central Office Investigator to determine how to proceed. All SID Investigators have received special investigation training. The SID serves as the NJDOC liaison to all other law enforcement agencies, conducts cooperative investigations in conjunction with federal, state, county and municipal law enforcement agencies and supervise the safety and security of the NJDOC Central Office Complex. All of the investigation were reviewed.

§115.72 – Evidentiary Standard for Administrative Investigations

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

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)

☑ 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 Coordinator’s responsibility to notify the inmate of the findings. The NJDOC PREA Sexual Abuse Investigation Disposition Report documents the actions taken.

§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 reporting period one staff member was found in violation of the agency’s sexual abuse or sexual harassment policies. Employee was not terminated.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies that meet this standard are NJDOC Policy PCS.001.003 Volunteer Service Program, NJDOC Level 1 IMP PCS.001.VOL.001 Volunteer Services Operating Procedures and Contractor Zero Tolerance Handout. There were no contractors or volunteers during this period that was reported to law enforcement for engaging in sexual abuse of inmates.
§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)

This is stated in the inmate handbook which addresses all disciplinary sanctions for inmates and there were no documented inmate-on-inmate sexual abuse.

§115.81 – Medical and mental health screenings; history of sexual abuse

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

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 Srvcs Reception & Evaluation and the Multidimensional Sexual Victimization & Abusiveness Risk Assessment Checklist. Edna Mahan Correctional 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)
☒ 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)
- 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)
- 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 following departments: agency PREA Coordinator (Executive staff member appointed by Commissioner), Division of Operations, Special Investigations Division, Office of Transitional Services, Mental Health Services, Medical Services, Office of Community Programs and Outreach Services, Office of Victim Services, Office of Policy and Planning and Corrections Ombudsman.

§115.87 – Data Collection

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

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 Department 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

- ☑️ 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 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. 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.

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

- ☑️ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- □ 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 22, 2014*

Auditor Signature  
Date