

INTRODUCTION:

¶ 125 **Monitoring Reports:**

The Monitor will conduct an on-site inspection and issue a Monitoring Report for Edna Mahan six months after the baseline site visit, and then every six months thereafter. A draft Monitoring Report will be provided to NJDOC and DOJ in draft form for comment at least 30 days prior to its issuance. NJDOC and DOJ will provide comments, if any, to the Monitor within 15 days of receipt of the draft Report. The Monitor will consider the responses of NJDOC and DOJ and make appropriate changes, if any, before issuing the final Monitoring Report.

Requirements:

- ¶ 125 a. Within two months of the Effective Date, the Monitor will conduct a baseline site visit of Edna Mahan to become familiar with Edna Mahan and this Agreement.
- ¶ 125 b. The Monitor will conduct an on-site inspection and issue a Monitoring Report for Edna Mahan six months after the baseline site visit, and then every six months thereafter. A draft Monitoring Report will be provided to NJDOC and DOJ in draft form for comment at least 30 days prior to its issuance. NJDOC and DOJ will provide comments, if any, to the Monitor within 15 days of receipt of the draft Report. The Monitor will consider the responses of NJDOC and DOJ and make appropriate changes, if any, before issuing the final Monitoring Report.
- ¶ 125 c. The Monitoring Reports will describe the steps taken by Edna Mahan to implement this Agreement and evaluate the extent to which Edna Mahan has complied with each substantive provision of the Agreement, as set forth in the numbered Paragraphs herein, beginning with Paragraph 10 and ending at Paragraph 111.
- ¶ 125 d. Each Monitoring Report will evaluate the status of compliance for each relevant provision of the Agreement using the following standards: (1) Substantial Compliance; (2) Partial Compliance; and (3) Non-compliance.
- ¶ 125 e. The Monitor will review a sufficient number of pertinent documents and interview a sufficient number of staff and prisoners to accurately assess current conditions. The provision of documents and scheduling of interviews shall be set up through the Agreement Coordinator.
- ¶ 125 f. Each Monitoring Report will describe the steps taken by each member of the monitoring team to analyze conditions and assess compliance, including documents reviewed and individuals interviewed, and the factual basis for each of the Monitor's findings.
- ¶ 125 g. Each Monitoring Report will contain the Monitor's independent verification of representations from Edna Mahan regarding progress toward compliance, and examination of supporting documentation.
- ¶ 125 h. Each Monitoring Report will provide specific, non-binding recommendations, if applicable, for each of the provisions in the Agreement outlining proposed actions for at least the next six months for Edna Mahan to complete toward achieving compliance with the particular provision.

III. SUBSTANTIVE PROVISIONS:

A. III. SUBSTANTIVE PROVISIONS: General Policies and Procedures

NJDOC and Edna Mahan shall develop and implement policies, procedures, and practices at Edna Mahan to ensure that prisoners are protected from harm due to sexual abuse and sexual harassment. Accordingly, and specifically:

- ¶ 10 During the first nine (9) months following the Effective Date, NJDOC and Edna Mahan will ensure the policies and procedures related to the topics specified below are drafted and/or revised in accordance with this Agreement and to incorporate gender-responsive strategies, as applicable.
 - ¶ 10 a. Sexual Assault, Sexual Abuse, and Sexual Harassment;
 - ¶ 10 b. Prisoner Supervision;
 - ¶ 10 c. Camera Management;
 - ¶ 10 d. Staff/Prisoner Over-Familiarity;
 - ¶ 10 e. Reporting Incidents or Allegations of Sexual Abuse or Sexual Harassment;
 - ¶ 10 f. Prisoner Education;
 - ¶ 10 g. Cross-gender searches and viewing;
 - ¶ 10 h. Protective Custody;
 - ¶ 10 i. Prevention of Retaliation;
 - ¶ 10 j. Response to Allegations of Sexual Abuse or Sexual Harassment;
 - ¶ 10 k. Referrals and Investigations of Allegations of Sexual Abuse or Sexual Harassment;
 - ¶ 10 l. Staff Reporting of Personal Relationships.

Requirements:

- ¶ 10 NJDOC and Edna Mahan shall provide any policies and procedures developed or revised in accordance with this Agreement to the Monitor for comment and approval to accomplish the timeframes in this Agreement.
- ¶ 10 The Monitor will provide feedback on these policies and procedures promptly to Edna Mahan, but at all times within thirty (30) days
- ¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

- ¶ 42. Policies and procedures at Edna Mahan shall require that contractors and volunteers who have contact with prisoners but are not directly supervised by NJDOC or Edna Mahan employees comply with Edna Mahan's sexual abuse and sexual harassment policies and procedures.
- ¶ 45 To the extent that revisions are made to policies or procedures, or new policies or procedures are developed to comply with this Agreement, NJDOC and Edna Mahan will work with the Monitor in drafting new training materials and/or revising current training materials to ensure the training materials are current.

Monitor's Measure of Compliance re A. General Policies and Procedures ¶ 10:

- Level 1 and Level 3 Policy on Sexual Assault, Sexual Abuse, and Sexual Harassment drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Prisoner Supervision drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Camera Management drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Staff/Prisoner Over-Familiarity drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Reporting Incidents or Allegations of Sexual Abuse or Sexual Harassment drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Prisoner Education drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Cross-gender searches and viewing drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Protective Custody drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Prevention of Retaliation drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Response to Allegations of Sexual Abuse or Sexual Harassment drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Referrals and Investigations of Allegations of Sexual Abuse or Sexual Harassment drafted and/or revised by May 24, 2022
- Level 1 and Level 3 Policy on Staff Reporting of Personal Relationships drafted and/or revised by May 24, 2022
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan to ensure that prisoners are protected from harm due to sexual abuse and sexual harassment

**Steps taken by NJDOC and EMCF towards Implementation A. General Policies and Procedures ¶ 10:
2/24/25 Status Report**

Level 1 policies: SID IMP #14 and SID IMP #35 are currently under review with the Federal Monitor and DOJ. All other

related Level 1 and 3 policies have been thoroughly revised and officially adopted by the New Jersey Department of Corrections (NJDOC) after approval by the Federal Monitor, the Department of Justice (DOJ), and NJDOC.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 10:

[X] Substantial Compliance

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required until [date]
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 10:

As of February 24, 2024, New Jersey Department of Corrections (NJDOC) had revised, finalized and adopted the following Level 1 policies:

- ADM.010.004 – Policy Statement -Staff/Incarcerated Person Over Familiarity
- CUS.001.CRP.01 - Camera Review Procedures
- CUS.001.SEA.001 - Searches of Incarcerated Persons and Correctional Facilities
- PCS.001.008 – Policy Statement - Prevention, Detection and Response of Sexual Abuse and Harassment
- SID IMP #14
- SID IMP #35
- SID IMP #48
- ADM.019.003 – Policy Statement - Close Custody Units
- CUS.001.011 – Policy Statement - Searches of Incarcerated Persons and Correctional Facilities
- IMM.001.004 – Policy Statement - Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment
- IMM.004.RHU.03 - Amenities and Privileges Two-Level Program
- ADM.019.003.ADJU - Adjustment Unit
- ADM.019.003.EMCT - Emergency Confinement
- CUS.001.BWC.011 – Body Worn Cameras

Additionally, as of August 23, 2024 the following Level 3 policies (those specific to Edna Mahan) were revised and updated

- EMCF.PO.001 South, North, and Dormitory Housing Officers Level III (replaced the Max Housing Unit Officer)
- EMCF.PO.002 South Hall and North Hall Control Officers Level III (replaced the Limited Privileges Unit)
- EMCF.PO.200 EMCF Satellite Entrance Control Officer - Level III

- EMCF.PO.201 EMCF Satellite General Assignment Officer Level III
- EMCF.PO.203 EMCF Satellite Unit Housing Officers Level III
- EMCF.PO.003 C-Cottage Unit Officers – Level III (replaced Residential Treatment Unit)

Additionally, during this reporting period, NJDOC updated the following policies that refer to or relate to cross-gender strip searches to specify that such searches may take place only in emergent rather than exigent circumstances. The definition of “exigent circumstance” – “any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility” – was determined to be too broad to describe the limited situations in which a cross-gender strip search may occur. Accordingly, policies were updated to reflect that cross-gender strip searches may only occur in an “emergent circumstance,” defined as “a serious, unexpected, and dangerous situation requiring immediate action.”

- CUS.001.SEA.001 – Searches of Incarcerated Persons and Correctional Facilities – Level I/III
- PCS.001.008 – Prevention, Detection and Response of Sexual Abuse and Harassment Policy Statement
- CUS.001.SEA.001 – Searches of Incarcerated Persons and Correctional Facilities – Policy Statement
- EMCF.PO. 200 EMCF Satellite Entrance Control Officer – Level III
- EMCF.PO.201 EMCF Satellite General Assignment Officer – Level III
- EMCF-PO-203 EMCF Satellite Unit Housing Officers – Level III
- EMCF.PO.003 C-Cottage Unit Officers – Level III
- EMCF.PO.002 South Hall and North Hall Control Officers – Level III
- EMCF.PO.001 South Hall, North Hall and Dormitory Housing Officers – Level III

Recommendations re A. General Policies and Procedures ¶ 10:

No recommendations.

A. General Policies and Procedures

- ¶ 11 Within one year of the Effective Date, all policies and procedures specified to be drafted and/or revised to incorporate and align them with the provisions in this Agreement will be adopted by Edna Mahan.

Requirements:

- ¶ 11 Edna Mahan will work with the Monitor to prioritize policies and procedures to accomplish the timeframes in this Agreement.
- ¶ 12 Prior to adoption, Edna Mahan will provide a copy of the policy or procedure to DOJ for review, comment, and approval, with any disputes to be resolved by the Court. DOJ will not unreasonably refuse to approve submitted policies or procedures.
- ¶ 12 DOJ will provide feedback on these policies and procedures promptly to Edna Mahan, but at all times within thirty (30) days so that NJDOC can satisfy mandated timeframes. Edna Mahan will address all comments or make any changes requested by DOJ within thirty (30) days after receiving the comments and resubmit the policies and procedures to DOJ for review and approval, as necessary. DOJ will respond within thirty (30) days.
- ¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

Monitor's Measure of Compliance re A. General Policies and Procedures ¶ 11:

- Level 3 Policy on Sexual Assault, Sexual Abuse, and Sexual Harassment signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Prisoner Supervision signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Camera Management signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Staff/Prisoner Over-Familiarity signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy Reporting Incidents or Allegations of Sexual Abuse or Sexual Harassment signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Prisoner Education signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Cross-gender searches and viewing signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Protective Custody signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Prevention of Retaliation signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Response to Allegations of Sexual Abuse or Sexual Harassment signed by Edna Mahan Administrator by August 24, 2022

- Level 3 Policy on Referrals and Investigations of Allegations of Sexual Abuse or Sexual Harassment signed by Edna Mahan Administrator by August 24, 2022
- Level 3 Policy on Staff Reporting of Personal Relationships signed by Edna Mahan Administrator by August 24, 2022
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan to ensure that prisoners are protected from harm due to sexual abuse and sexual harassment
- Random review of policies during onsite visit

Steps taken by NJDOC and EMCF towards implementation A. General Policies and Procedures ¶ 11:

2/24/25 Status Report

Level 1 policies: Revisions to both SID IMP #14 and SID IMP #35 are currently under review with the Federal Monitor and DOJ. All other

related Level 1 and 3 policies have been thoroughly revised and officially adopted by the New Jersey Department of Corrections (NJDOC) after approval by the Federal Monitor, the Department of Justice (DOJ), and NJDOC.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 11:

[X] Substantial Compliance

[] Partial Compliance

[] Non-compliance

[] N/A not required

[] N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 11:

Effective February 24, 2024, Edna Mahan adopted the 14 Level 1 policies listed in the above paragraph. Additionally, as of August 23, 2024, Edna Mahan finalized and adopted six (6) Level 3 policies (those specific to Edna Mahan and listed in the above section).

Recommendations re A. General Policies and Procedures ¶ 11:

No recommendations.

A. General Policies and Procedures

¶ 13 No later than ninety (90) days after DOJ's approval of each policy and procedure (except as otherwise stated in the Agreement), Edna Mahan will create a staff training plan that addresses the training requirements of each policy or procedure revised.

Requirements:

- ¶ 13 Each training plan will specify (i) staff to be trained and (ii) the date(s) of training planned. Each staff training plan will be provided to both DOJ and the Monitor.
- ¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

Monitor's Measure of Compliance re A. General Policies and Procedures ¶ 13:

- Training Plan developed for Policy on Sexual Assault, Sexual Abuse, and Sexual Harassment no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Prisoner Supervision no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Camera Management no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Staff/Prisoner Over-Familiarity no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Reporting Incidents or Allegations of Sexual Abuse or Sexual Harassment no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Prisoner Education no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Cross-gender searches and viewing no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Protective Custody no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Prevention of Retaliation no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Response to Allegations of Sexual Abuse or Sexual Harassment no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Referrals and Investigations of Allegations of Sexual Abuse or Sexual Harassment no later than 90 days after DOJ's approval of policy
- Training Plan developed for Policy on Staff Reporting of Personal Relationships no later than 90 days after DOJ's approval of policy

Steps taken by NJDOC and EMCF towards implementation A. General Policies and Procedures ¶ 13:

2/24/25 Status Report

NJDOC continued work throughout the period, with the assistance of expert consultants from The Moss Group, to develop a robust training curriculum aimed at providing EMCF staff (custody, civilian, contracted staff and volunteers) knowledge and updates pertaining to all previously listed Level 1 and Level 3 policies. The curriculum, based upon the previously approved training plan, was developed in three (3) sections and utilizes AI generated animation to convey content, along with opportunities for true and false quizzes, and question and answer periods. The EMCF Training Department commenced with Section 1 in early January 2025. Section 2 is expected to commence in late February 2025. Training of Section 3 is anticipated to commence in March 2025.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 13:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 13:

NJDOC provided the Monitor with a draft training plan in July 2024. Based on the Monitor's feedback, NJDOC revised the training curriculum. The training is aimed at all EMCF staff, contract staff, and volunteers specific to the revised Level 1 and Level 3 policies listed above. The curriculum was developed in three (3) sections. Section 1 training is for all staff and was provided to non-custody staff in January 2025. Sections 2 and 3 are specific to custody staff. The training for custody staff on sections 1, 2, and 3 is expected to begin in March 2025.

Recommendations re A. General Policies and Procedures ¶ 13:

The NJDOC continues to deliver the training to the staff per the training plan.

A. General Policies and Procedures

- ¶ 14 Unless otherwise agreed to by the Parties, all policies and procedures specified in Paragraph 10 will be fully implemented upon completion of the staff training plan, with a goal of all training being completed within eighteen (18) months or sooner of DOJ's approval of the policy or procedure (except as otherwise stated in the Agreement).

Requirements:

- ¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

Monitor's Measure of Compliance re A. General Policies and Procedures ¶ 14:

- Training completed for all EMCF staff on Policy on Sexual Assault, Sexual Abuse, and Sexual Harassment no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Policy on Prisoner Supervision no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Policy on Camera Management no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Policy on Staff/Prisoner Over-Familiarity no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Reporting Incidents or Allegations of Sexual Abuse or Sexual Harassment no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Prisoner Education no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on gender searches and viewing no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Protective Custody no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Prevention of Retaliation no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Response to Allegations of Sexual Abuse or Sexual Harassment no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Referrals and Investigations of Allegations of Sexual Abuse or Sexual Harassment no later than 18 months after DOJ's approval of policy
- Training completed for all EMCF staff on Staff Reporting of Personal Relationships no later than 18 months after DOJ's approval of policy

Steps taken by NJDOC and EMCF towards implementation A. General Policies and Procedures ¶ 14:

2/24/25 Status Report

NJDOC's training plan was previously approved by the Federal Monitor on July 29, 2024 and encompasses a robust training curriculum aimed at providing EMCF staff (custody, civilian, contracted staff and volunteers) knowledge and updates pertaining to all previously listed Level 1 and Level 3 policies. The curriculum, based upon the previously approved training plan, was developed in three (3) sections and utilizes AI generated animation to convey content, along with opportunities for true and false quizzes, and question and answer periods. Section 1 training has been provided to 98 of the required 102 civilian staff (4 staff remain on leave of absence and will be scheduled upon return). The EMCF Training Department is schedule to commence with Section 1 with custody staff by the close of February 2025. Training of Section 3 is anticipated to commence in March 2025.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 14:

- ☐ Substantial Compliance
- ☐ Partial Compliance
- ☐ Non-compliance

[X] N/A not required until August 24, 2025

- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 14:

Recommendations re A. General Policies and Procedures ¶ 14:

A. General Policies and Procedures

¶ 15 Edna Mahan will annually review its policies and procedures, revising them as it deems necessary. Any revisions to the policies and procedures will be submitted to DOJ for approval in accordance with Paragraph 12.

Requirements:

¶ 12 Prior to adoption, Edna Mahan will provide a copy of the policy or procedure to DOJ for review, comment, and approval, with any disputes to be resolved by the Court. DOJ will not unreasonably refuse to approve submitted policies or procedures. DOJ will provide feedback on these policies and procedures promptly to Edna Mahan, but at all times within thirty (30) days so that NJDOC can satisfy mandated timeframes. Edna Mahan will address all comments or make any changes requested by DOJ within thirty (30) days after receiving the comments and resubmit the policies and procedures to DOJ for review and approval, as necessary. DOJ will respond within thirty (30) days.

¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

Note: See paragraph 29

Monitor's Measure of Compliance re A. General Policies and Procedures ¶ 15:

- List of all EMCF policies submitted to Monitor
- Documentation that all policies reviewed annually, beginning 2022 (Other than policies specified in Paragraph 10)
- List of all EMCF post orders (procedures)
- Documentation that all post orders reviewed annually, beginning 2022

Steps taken by NJDOC and EMCF towards implementation re A. General Policies and Procedures ¶ 15:

2/24/25 Status Report

NJDOC continues to ensure compliance with Paragraph 15 by reviewing all policies applicable to Paragraph 10 annually and submitting policy revisions to DOJ for approval. Pursuant to counsel's discussion and agreement, minor revisions to adopted policies that do not substantively alter the policy's meaning, scope, purpose, etc., are not required to be submitted for review or approval.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 15:

☐ Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☒ N/A not required until August 24, 2025

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 15:

Recommendations re A. General Policies and Procedures ¶ 15:

A. General Policies and Procedures

¶ 16 NJDOC and Edna Mahan shall comply with Edna Mahan’s Internal Management Procedure Titled Zero Tolerance Policy: Prison Sexual Assault, mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and any revision to or replacement of that policy.

Requirements:

Monitor’s Measure of Compliance re A. General Policies and Procedures ¶ 16:

- Agency Level 1 policies mandating zero tolerance
- Edna Mahan Level 3 policies mandating zero tolerance
- Training schedules for staff attending PREA training at Edna Mahan
- PREA Training Curriculum for staff
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that direct PREA policy compliance and zero tolerance
- Interviews with various officials regarding their knowledge and roles in implementing the PREA policy
- Focus group meetings with staff regarding their knowledge and roles in implementing the PREA policy
- Focus group meetings with prisoners regarding their knowledge to be safe from all forms of sexual abuse and sexual harassment
- On Site Tour impressions-posters advertising PREA and “PREA phone line” ensuring phone lines work to report an allegation, etc.

Steps taken by NJDOC and EMCF towards implementation re A. General Policies and Procedures ¶ 16:

2/24/25 Status Report

NJDOC commenced with EMCF staff training on revisions made to both the Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment IMM.001.004 and Prevention, Detection and Response to Sexual Abuse and Sexual Harassment PCS.001.008 in January 2025.

The Institutional PREA Compliance Manager (IPCM) at Edna Mahan Correctional Facility (EMCF) continues to share monthly sexual safety newsletters with all staff. These short newsletters are shared via email, in paper format and televised on institutional monitors. Topics shared this reporting period include: advisement of the development of the Risk Management System (RMS); the importance of maintaining confidentiality; and a review of Standard 41 and the risk assessment for victimization and abusiveness.

During the period, five (5) EMCF staff (custody) received PREA training.

Monitor's Finding of Compliance re A. General Policies and Procedures ¶ 16:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re A. General Policies and Procedures ¶ 16:

Both New Jersey Department of Corrections (NJDOC) Policy Statement IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault and NJDOC Policy 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "It is the policy of the NJDOC to maintain zero tolerance toward all forms of incarcerated person sexual abuse and incarcerated person sexual harassment. The NJDOC will respond to, investigate, and support the prosecution of sexual abuse and sexual harassment within the correctional system and externally in partnership with state and local authorities." NJDOC IMM.001.004 was revised on December 1, 2023, and NJDOC Policy 001.008 was revised on November 21, 2024.

Every year, NJDOC provides Non-Uniform Staff Training (NUST), which includes one hour of PREA Training. Additionally, Custody Staff receive their annual training, which provides one hour of PREA Training. The Monitor's Associate reviewed the training records for this reporting period and verified that this PREA training continues.

The Monitor reviewed the PREA video, script, and facilitator guide used during the PREA training. The curriculum includes information on NJDOC and Edna Mahan's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill staff responsibilities under its sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of incarcerated persons to be free from sexual abuse and sexual harassment; the right of incarcerated persons and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to respond to sexual abuse and sexual harassment; signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with incarcerated persons; and how to communicate effectively and professionally with incarcerated persons.

During the compliance interviews in the past three years, the Monitor and her Associate spoke with various staff and officials, including volunteers and contract staff, regarding their knowledge and roles in implementing the PREA policy. Everyone we spoke to was very aware of the importance of maintaining zero tolerance toward all forms of sexual abuse and sexual harassment of any incarcerated persons. During the compliance visits, the Monitor and her Associate met with several incarcerated persons, asking if they knew about their right to be safe from all forms of sexual abuse and sexual harassment. Each of these individuals confirmed they were aware of this right.

The Institutional PREA Compliance Manager (IPCM) at EMCf continues to share monthly sexual safety newsletters with all staff. During this reporting period, the topics she discussed included Risk Management, Staff improperly entering a shower or toilet area unannounced and without justification, staff using sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language, staff located in areas other than their assigned post, window blocks, confidentiality, and PREA, LEP, taking the initial report of a PREA allegation, PREA Standard 41 (which requires that all IPs are assessed for the risk of victimization and abusiveness, communication, consistency, intervene, authority, and updated PREA information.

Lastly, during all compliance visits, the Monitor and her Associate noticed posters and flyers throughout the facility mandating zero tolerance toward all forms of sexual abuse and sexual harassment and providing methods of reporting any incident of such.

Recommendations re A. General Policies and Procedures ¶ 16:

No recommendation.

C. Camera Management

¶ 26 NJDOC has contracted with an expert who has conducted a review of the Edna Mahan Camera Plan, including a review of each camera's placement. As a result of that review, cameras are strategically placed to maximize supervision while protecting privacy. Edna Mahan will develop and implement camera management policies and procedures in accordance with this Agreement.

Requirements:

- ¶ 10 During the first nine (9) months following the Effective Date, NJDOC and Edna Mahan will ensure the policies and procedures related to the topics specified below are drafted and/or revised in accordance with this Agreement and to incorporate gender-responsive strategies, as applicable. NJDOC and Edna Mahan shall provide any policies and procedures developed or revised in accordance with this Agreement to the Monitor for comment and approval to accomplish the timeframes in this Agreement. The Monitor will provide feedback on these policies and procedures promptly to Edna Mahan, but at all times within thirty (30) days:
- ¶ 10 c Camera Management
- ¶ 27 Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers
- ¶ 29 Edna Mahan shall ensure substantial video coverage of all of the primary areas frequented by prisoners. These areas consist of housing areas, entrances to shower and toilet areas, congregate activity areas (dining hall, yards, chapel), visiting rooms, entry and exits including vehicle access points and housing unit entry, stairways and stairwells, congregate areas of prisoner living units, and hallways. Video coverage need not be contemporaneously monitored
- The Camera management policies and procedures will include the locations where cameras have been placed

Monitor's Measure of Compliance re C. Camera Management ¶ 26:

- Level 1 and Level 3 Policy on Camera Management drafted and/or revised by May 24, 2022
- Level 3 Policy on Camera Management signed by Edna Mahan Administrator by August 24, 2022
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan regarding camera management
- Random review of policies during onsite visit

Steps taken by NJDOC and EMCF towards implementation C. Camera Management ¶ 26:

2/24/25 Status Report

NJDOC continues to maintain compliance with Level I/III Internal Management Procedures #CUS.001.BWC.01, titled “Use of Body Worn Cameras (BWC)” and #CUS.001.CRP.01, which covers “Camera Review Procedures.”.

Monitor’s Finding of Compliance re C. Camera Management ¶ 26:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor’s Discussion re C. Camera Management ¶ 26:

On December 21, 2023, the Division of Operations revised Level 1/3 Internal Management Procedure # CUS.001.CRP.01, titled “Camera Review Procedures”.

Additionally, on February 23, 2024, the Division of Operations revised Level 1/3 Internal Management Procedure #CUS.001.BWC.01, titled “Use of Body Worn Cameras (BWC).

Recommendations re C. Camera Management ¶ 26:

No recommendation

C. Camera Management

- ¶ 28 All video shall be retained for at least 30 days, unless an unusual occurrence such as an alleged assault or sexual abuse, or display of contraband, occurs in an area surveilled, in which case the video shall be preserved until the matter is fully investigated and prosecuted or dismissed by authority of the Commissioner, or at least five years, whichever is longer.

Requirements:

- ¶ 25 Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.

Monitor's Measure of Compliance re C. Camera Management ¶ 28:

- Level 1 and Level 3 Policy on Camera Management drafted and/or revised by May 24, 2022 includes requirement that all video shall be retained for at least 30 days, unless an unusual occurrence such as an alleged assault or sexual abuse, or display of contraband, occurs in an area surveilled, in which case the video shall be preserved until the matter is fully investigated and prosecuted or dismissed by authority of the Commissioner, or at least five years, whichever is longer
- Level 3 Policy on Camera Management signed by Edna Mahan Administrator by August 24, 2022 includes requirement that all video shall be retained for at least 30 days, unless an unusual occurrence such as an alleged assault or sexual abuse, or display of contraband, occurs in an area surveilled, in which case the video shall be preserved until the matter is fully investigated and prosecuted or dismissed by authority of the Commissioner, or at least five years, whichever is longer
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses the requirement that all video shall be retained for at least 30 days, unless an unusual occurrence such as an alleged assault or sexual abuse, or display of contraband, occurs in an area surveilled, in which case the video shall be preserved until the matter is fully investigated and prosecuted or dismissed by authority of the Commissioner, or at least five years, whichever is longer
- Random review of policies during onsite visit
- Interview with staff and leadership team at EMCF about the requirement that all videos shall be retained for at least 30 days during onsite visit

Steps taken by NJDOC and EMCF towards implementation C. Camera Management ¶ 28:

2/24/25 Status Report

NJDOC maintains compliance with CUS.001.CRP.01 Camera Review Procedures which mandates all video downloads are retained for a minimum of 90 days and are available for review upon request. Data retention schedules ensure video footage preserved for a minimum of 30 days or longer if incidents occur.

The EMCF Training Department commenced with training in early January 2025 which contained review of revisions made to policies CUS.001.BWC.01 Body Worn Cameras, Level 3 Custody Directive 124 Policy Use of Body Worn Cameras (BWC), and CUS.001.CRP.01 Camera Review Procedures.

Monitor's Finding of Compliance re C. Camera Management ¶ 28:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re C. Camera Management ¶ 28:

NJDOC Division of Operations Internal Management Procedure 1/3 #CUS.001.CRP.01, titled "Camera Review Procedures," states, "All fixed camera videos shall be retained for at least 30 days. In the case of an unusual occurrence— including but not limited to an alleged assault, sexual abuse or harassment, or a display of contraband—all existing video surveillance that is relevant to the occurrence shall be preserved by SID. All evidence shall be preserved by SID in conformity with Attorney General Guidelines and case law, including, but not limited to, logging evidence to maintain the chain of custody. Evidence may be destroyed only after the matter is fully investigated and prosecuted or dismissed by authority of the Commissioner, or at least five (5) years, or when legally permissible, whichever is longer.

Additionally, NJDOC Division of Operations Internal Management Procedure I/3 #CUS.001.CRP.01 titled "Camera Review Procedures" states, "All BWC videos are retained for at least 185 days. Any video that is tagged with a use of force is automatically saved for a minimum of three (3) years. Any videos tagged with either Code 66 (suicide/attempted suicide) or Officer Injury are retained until manually deleted." This policy was revised on December 21, 2023.

The camera system at EMCF routinely retains video footage for at least 30 days, and depending upon the type of camera system, footage can be retained for up to eight months. If there is an active investigation, the video coverage of that incident would be retained “indefinitely.” Video from the body-worn cameras (BWC) is also routinely retained for at least 30 days and can be “tagged,” in which case it, too, can be retained indefinitely.

Recommendations re C. Camera Management ¶ 28:

No recommendation

C. Camera Management

¶ 29 Camera management policies and procedures, including the locations where cameras have been placed, will be reviewed by Edna Mahan at least annually to ensure that they are serving their goal of maximizing supervision. To the extent that any changes to the Camera Management policies and procedures, or to a camera location, need to be made, they will be made within 30 days of the completion of the annual review. If a change cannot be made within 30 days, the reason for exceeding 30 days will be documented and notice of the proposed change and reason for exceeding 30 days will be provided to DOJ. NJDOC and Edna Mahan will also provide to DOJ confirmation of completed change once it occurs.

Requirements:

- ¶ 15 Edna Mahan will annually review its policies and procedures, revising them as it deems necessary. Any revisions to the policies and procedures will be submitted to DOJ for approval in accordance with paragraph 12
- ¶ 25 Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers
- ¶ 29 To the extent that any changes to the Camera Management policies and procedures, or to a camera location, need to be made, they will be made within 30 days of the completion of the annual review
- ¶ 29 If a change cannot be made within 30 days, the reason for exceeding 30 days will be documented and notice of the proposed change and reason for exceeding 30 days will be provided to DOJ
- ¶ 29 NJDOC and Edna Mahan will also provide to DOJ confirmation of completed change once it occurs

Monitor's Measure of Compliance re C. Camera Management ¶ 29:

- Level 3 Policy on Camera Management drafted and/or revised by May 24, 2022, includes expectation that Camera management policies and procedures will be reviewed at least annually.
- Written report of annual review
- Documentation that changes recommended by annual review have been completed within 30 days of the review
- Monitor will review PREA incident reports, prisoner grievance investigations and PREA investigations conducted by NJDOC Special Investigations. These reviews will determine if the video surveillance system is being used appropriately, consistent with the requirement to provide maximum supervision.

Steps taken by NJDOC and EMCF towards implementation C. Camera Management ¶ 29:

2/24/25 Status Report

EMCF remains compliant with CUS.001.CRP.01 Camera Review Procedures, finalized on January 2, 2024, which requires weekly video reviews totaling at least 20 hours per month, with 5 hours in "live-time." Supervisors document and address any issues found. Video is kept for at least 90 days and can be reviewed upon request. At EMCF, the Media Technician and Custody representative perform regular inspections and document camera conditions. An annual review was conducted in February 2025, in addition to weekly inspections performed by the Media Tech and Assistant Superintendent Renshaw. These tours are documented and reported to EMCF leadership. Seven new cameras were installed at various locations throughout EMCF during 2024, including three during this reporting period.

Monitor's Finding of Compliance re C. Camera Management ¶ 29:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re C. Camera Management ¶ 29:

On February 19, 2025, a Camera Review Committee conducted a thorough camera tour of EMCF. The committee included Amelia Renshaw, EMCF IPCM; EMCF Major Ilg; and Brittany Holley, EMCF Media Tech.

In addition to the annual camera location review, Edna Mahan Media Tech performs regular weekly comprehensive camera inspections with a representative from Custody. These inspections take an entire day, as each camera is inspected and checked for angle placement, feed, and recorded footage. Additionally, Assistant Superintendent Renshaw conducts weekly tours of the entire EMCF campus, including the Satellite Building. Part of this tour involves reviewing the camera placement. These tours are documented and submitted to the EMCF leadership team monthly.

The Monitor and the DOJ received copies of the Camera Review audit report on February 26, 2025. EMCF has 1045 camera views, and three types of cameras are utilized for maximum footage and camera angles: Johnson Control, standalone, and New Jersey Business Systems. Johnson Control cameras are placed on the corners of buildings. Many outdoor cameras have been reconfigured to include motion detection and audible alarms, serving to notify Center Control of any potential breaches to the perimeter.

Based on concerns identified by the Monitor and the DOJ during the past compliance visit (September 2024), the Camera Committee prioritized the Food Service A area. The building is equipped with both Johnson Control cameras and standalone cameras. Mirrors are also utilized to enhance sight lines in areas of the building. A request was submitted to Capital Planning to install eight (8) additional Johnson Control cameras in Food Service A. The Capital Planning Unit is currently reviewing the request. In the meantime, staff at EMCF installed four (4) additional wireless cameras on March 4, 2025, after the reporting period had ended. The Monitor appreciates that EMCF plans to install an additional four (4) wired cameras in the food service area. The plan is to replace these cameras with Johnson Control cameras when approved/received.

Recommendations re C. Camera Management ¶ 29:

It is recommended that EMCF continue to review the placement of the cameras annually to ensure that they are serving their goal of maximizing supervision.

It is also recommended that any changes to the Camera Management policies and procedures or to a camera location needed to be made will be made within 30 days of the completion of the annual review, or the date the change is identified.

D. Staffing

- ¶ 30 Within four months of the Effective Date, Edna Mahan shall develop a new staffing plan, designating the necessary security and custody posts to be staffed at Edna Mahan, based on gender-responsive principles, that provides for adequate security staffing levels, in accordance with the PREA requirements delineated in 28 C.F.R. § 115.13(a), to protect prisoners from sexual abuse and to achieve compliance with this Agreement on the timelines set out in this Agreement. Edna Mahan's staffing plan shall be subject to review and approval by DOJ, which approval shall not be unreasonably withheld. The staffing plan will be reassessed annually by Edna Mahan in accordance with Paragraph 34 of this Agreement.

Requirements:

- ¶ 31 The Edna Mahan staffing plan shall designate gender-restricted posts at Edna Mahan, through a process that ensures that any such restriction complies with Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, et seq., and make efforts to ensure that the requirements are met for bona-fide occupational qualifications.
- ¶ 34 For the annual reassessment of the staffing plan, NJDOC and Edna Mahan, in consultation with the Department-wide PREA Coordinator and Edna Mahan's PREA Compliance Manager, shall assess, determine, and document whether adjustments are needed to the Edna Mahan staffing plan, and implement such adjustments. The annual reassessment will include documentation of the following information:
- a. An evaluation of existing staffing levels and need for adjustments;
 - b. A listing of each post and position needed;
 - c. The number of hours needed for each post and position;
 - d. A listing of staff, by gender, working overtime at Edna Mahan and the amount of overtime worked by each staff member;
 - e. A listing of supervisors by gender working overtime at Edna Mahan; and
 - f. Edna Mahan's assessment of its ability to comply with the staffing plan.
- ¶ 17 To the extent that a Party to this Agreement requires an extension on the timeframes set forth in this Section, the Party may request an extension, which will not be unreasonably denied by the other Party.

Monitor's Measure of Compliance re D. Staffing ¶ 30:

- Staffing plan developed by December 24, 2021
- Staffing plan included specifics of the security and custody posts and adequate security staffing levels
- Staffing plan designates gender responsive posts

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 30:

2/24/25 Status Report

A staffing plan annual review and assessment was submitted to the Federal Monitor and DOJ on February 24, 2025. Through collaboration with the Moss Group, the plan submitted was compliant with PREA standards. In order to maintain compliance with the terms of this Agreement, NJDOC will submit a reassessed staffing plan every 12 months.

Monitor's Finding of Compliance re D. Staffing ¶ 30:

[X] Substantial Compliance

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required until [date]
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 30:

The Monitor received a staffing plan on February 25, 2022. On February 24, 2023, the Monitor and the DOJ received an updated annual staffing plan dated February 15, 2023. On February 22, 2024, the Monitor and the DOJ received an updated annual staffing plan dated February 21, 2024. On February 24, 2025, the Monitor and the DOJ received the third annual staffing plan update.

Recommendations re D. Staffing ¶ 30:

Continue to conduct annual reassessments of Edna Mahan's staffing plan.

D. Staffing

¶ 32 Edna Mahan will take steps to staff the facility based on the staffing plan within one fiscal year of the completion of each staffing plan. NJDOC intends to seek amendment to the consent order in the matter of Csizmadia v. Fauver, Civ. No. 88-786, to enable compliance with this provision. In circumstances where the staffing plan is not complied with, Edna Mahan shall document and justify all deviations from the plan

Requirements:

Monitor's Measure of Compliance re D. Staffing ¶ 32:

- Documentation that EMCF has taken steps to staff the facility based on the staffing plan by January 1, 2023.
- Documentation that NJDOC has tried to amend the consent order in the matter of Csizmadia v. Fauver, Civ. No. 88-786.
- Documentation that EMCF justifies all deviations from the staffing plan, when the staffing plan is not complied with

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 32

2/24/25 Status Report

NJDOC's efforts to revise the Csizmadia Consent Order are currently awaiting resolution. Upon reaching an agreement or, if relevant, upon obtaining a court decision, NJDOC will provide the pertinent information to both the DOJ and the Federal Monitor.

Monitor's Finding of Compliance re D. Staffing ¶ 32:

[X] Substantial Compliance - The Monitor concluded that Substantial Compliance was achieved solely based on a paragraph stating that "Edna Mahan will **take steps** to staff the facility according to the staffing plan." NJDOC and EMCF have taken significant steps in recruiting and assigning staff to EMCF. However, the Monitor remains concerned that EMCF may not be capable of staffing the facility to the levels outlined in the plan.

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 32:

The New Jersey Department of Corrections (NJDOC) operates on a fiscal year from July 1 to June 30. The primary challenge in meeting the requirement to staff the facility according to the staffing plan is not the number of full-time employees (FTEs), as Edna Mahan has

already been allocated the necessary FTEs. Instead, the main difficulty lies in recruiting and retaining staff, which remains an ongoing issue for both NJDOC and Edna Mahan.

NJDOC has taken steps to seek an amendment to the consent order in the matter of *Csizmadia v. Fauver*, Civ. No. 88-786. To provide context, below are excerpts taken from a motion to modify this consent order, filed by the Acting Attorney General on December 1, 2021:

The Csizmadia Consent Order arose from two interrelated cases. The first case, Gertrude Csizmadia, et al v. William Fauver, Civil Action No. 88-786, was filed on February 11, 1988. The Consent Order limits the number of gender-restricted posts to assignments that entail routine strip searches. Strip and cavity searches of prisoners by opposite gender correctional officers are permissible only under emergent circumstances. To allow for staffing flexibility and compliance with relief staffing requirements, the Csizmadia Consent Order allowed for twenty percent of “special assignment posts”⁴ to be gender restricted.

Rule 60(b)(5) permits relief from an order if: (1) a significant change in law; (2) a significant change in factual conditions; (3) that “a decree proves to be unworkable because of unforeseen obstacles” or (4) that enforcement of the decree is detrimental to the public interest. The department petitioned that all four of the above apply.

This matter is currently pending.

On October 1, 2024, the Monitor and the DOJ received a “Collapsed Post Report” for the third quarter (July, August, and September) of 2024. On January 2, 2025, the Monitor and the DOJ received a “Collapsed Post Report” for the fourth quarter (October, November, and December) of 2024. This report documents and justifies deviations from the current staffing plan.

The Monitor understands the difficulties that NJDOC and Edna Mahan face in recruiting and retaining staff. This is a nationwide concern. The agency has invested considerable time and resources in recruiting staff. As a result, there has been an increase in the number of cadets in the last two academy classes.

As discussed in the Monitoring Narrative, during this past reporting period, the New Jersey Police Training Commission approved a Pilot Program for the Pre-Academy Physical Assessment, which appears likely to make it more difficult for all students to meet the current physical ability requirements and did not acknowledge the potential impact on female candidates. Unfortunately, as a general matter, many issues in recruiting and retaining staff are bureaucratic and beyond the control of NJDOC, including the Physical Ability Test currently required by the Police Training Commission. (The Monitor discussed this in the compliance narrative report.) During this past reporting period, NJDOC made EMCF a priority in receiving cadets from the academy. That is primarily in response to the Monitor’s last compliance report. Even with these additional staff, the concern remains that EMCF will never be able to staff the facility to the levels identified in the staffing plan until significant changes are made.

Recommendations re D. Staffing ¶ 32:

NJDOC continues to look for ways to ensure Edna Mahan is staffed to its required staffing level.

D. Staffing

¶ 33 NJDOC and Edna Mahan shall develop and implement a plan to recruit and retain women correctional officers at Edna Mahan in a manner that complies with Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, et seq. Edna Mahan's recruitment and retention plan shall be subject to review and approval by DOJ, which approval shall not be unreasonably withheld.

Requirements:

¶ 32 Demonstration that NJDOC has taken steps to implement the staffing plan within one fiscal year of its completion

Monitor's Measure of Compliance re D. Staffing ¶ 33:

- Recruitment and Retention plan developed and submitted to DOJ and Monitor by April 11, 2022
- Recruitment and Retention plan implemented by December 24, 2022
- Quarterly staffing update, which identifies list of staff hired at EMCF by gender (as required by ¶ 35)
- Interview with NJDOC Assistant Commissioner for Human Resources/Labor
- Interview with NJDOC Assistant Commissioner for Women's Services

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 33:

2/24/25 Status Report

An update to the Edna Mahan Correctional Facility Recruitment & Retention Plan for Women Correctional Officers was provided to the Federal Monitor on February 24, 2025. Some updates from this reporting period include:

Advertising:

- The advertising campaign, launched in May 2024, has attracted over 12,000 contacts, with 4,800 coming from women. NJDOC is continuing to work with the agency to boost recruitment efforts for women.
- A new recruitment website, launched in 2024, features a section highlighting women in the NJDOC.

Recruitment:

- A residential optional academy was introduced. This will continue for Class 258 starting in March 2025.
- The NJDOC continues its equipment reimbursement program for academy trainees, which helps reduce financial barriers.
- EMCF and NJDOC leadership visit recruits to discuss the benefits of working at EMCF.

Mentoring and Retention:

- NJDOC offers flexible scheduling for applicants and recruits, with mentoring support to help them prepare for training.
- The wellness committee at EMCF organizes events to support officers and boost morale, like the Suicide Prevention Walk and Breast Cancer Awareness Month.
- NJDOC appointed a woman supervisor as the Women in Law Enforcement liaison. This person works with groups that support women in law enforcement to help improve recruitment and retention.

Social Media and Community Engagement:

- NJDOC is using social media to engage and attract women officers. Regular posts on platforms like Twitter, Facebook, Instagram, and YouTube help spread the word about job opportunities and support for women.

Academy Class #257 graduated on Wednesday, February 19, 2025. This class began with nineteen (19) female candidates and will be graduating seventeen (17). Three (3) male recruits and ten (10) female recruits from this graduating class have been assigned to EMCF.

Monitor's Finding of Compliance re D. Staffing ¶ 33:

[X] Substantial Compliance - The Monitor concluded that Substantial Compliance was achieved solely based on the requirement that "Edna Mahan will **take steps** to staff the facility according to the staffing plan," and it has done so. Despite the steps taken, however, the Monitor is deeply troubled that Edna Mahan may not be capable of staffing the facility to the levels outlined in the plan. Since the beginning of the Settlement Agreement, Edna Mahan has lost a total of 56 female officers and has gained only 35, resulting in a net loss of 21 female staff members. Unless and until bureaucratic changes are made, including changes at the Police Training Commission (such as the current requirements for the Physical Ability Test are adjusted for female applicants), the NJDOC may never be able to recruit, retain, or train enough women correctional officers to staff the facility according to the staffing plan.

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 33:

The Monitor and the DOJ received a Recruitment and Retention plan dated August 24, 2022. On February 24, 2025, the Monitor and the DOJ received an update on the implementation of each strategy. EMCF continues to follow the NJDOC's Recruitment & Retention Plan for Women Correctional Officers. The NJDOC recruitment website landing page containing real-time information

referencing upcoming recruitment deadlines, the NJDOC hiring process, qualification information, salary and benefits, diversity information, career opportunities, and a photo carousel was completed in 2024. This website will continue to act as a great resource for prospective candidates. Additionally, this recruitment website landing page has a Women of NJDOC section under the diversity tab.

Actions taken during this past year include:

- The MarketSmith advertising campaign commenced in May 2024 and significantly impacted NJDOC's recruitment efforts. To date, the campaign has led to over 12,000 interest contacts, with approximately 4,800 of those contacts coming from women.
- The NJDOC Division of Training, Recruitment, and Professional Development identified a female supervisor as our Women in Law Enforcement liaison. This supervisor has been tasked with networking with organizations that promote women in the law enforcement field
- The NJDOC continued to conduct training and developed an option to go home at the end of each training day in an effort to attract applicants who would be precluded from attending due to family or childcare obligations.
- The starting salary for academy trainees was raised from \$34,000 \$43,000 in 2024. In 2025, the salary will increase to \$48,000 on 7/1/2025. And upon graduation, the starting salary has increased to \$49,680, progressing each year to \$55,000 by the end of 2027.

Academy Class #257 graduated during this past reporting period. Three (3) male recruits and ten (10) female recruits from this graduating class have been assigned to EMCF.

NJDOC continues to provide ongoing mentoring to women applicants, recruits, and academy students through many support activities. However, the intent of the plan was to recruit and retain women correctional officers at EMCF. This has not happened. In fact, since August 24, 2021, the date of the Settlement Agreement, Edna Mahan has lost 56 female officers and gained only 35, for a net loss of 21 female staff since the beginning date of the Settlement Agreement.

Unless and until bureaucratic changes are made at the Police Training Commission (such as the current requirements for the Physical Ability Test are adjusted for female applicants), the NJDOC may never be able to recruit, retain, or train enough women correctional officers to staff the facility according to the staffing plan.

Recommendations re D. Staffing ¶ 33:

Continue implementing the strategies identified in the “Recruitment and Retention Plan for Women Correctional Officers.”

NJDOC should continue to attempt to work with the Police Training Commission to modify the requirements to reflect reasonable physical requirements for female applicants.

D. Staffing

- ¶ 34 For the annual reassessment of the staffing plan, NJDOC and Edna Mahan, in consultation with the Department-wide PREA Coordinator and Edna Mahan's PREA Compliance Manager, shall assess, determine, and document whether adjustments are needed to the Edna Mahan staffing plan, and implement such adjustments. The annual reassessment will include documentation of the following information:
- a. An evaluation of existing staffing levels and need for adjustments;
 - b. A listing of each post and position needed;
 - c. The number of hours needed for each post and position;
 - d. A listing of staff, by gender, working overtime at Edna Mahan and the amount of overtime worked by each staff member;
 - e. A listing of supervisors by gender working overtime at Edna Mahan; and
 - f. Edna Mahan's assessment of its ability to comply with the staffing plan.

Requirements:

Monitor's Measure of Compliance re D. Staffing ¶ 34:

Documentation that staffing plan reassessed submitted to Monitor February 25, 2023 (or one year after the completion of the staffing plan required in paragraph 30);

- a. The staffing plan includes the following:
- b. An evaluation of existing staffing levels and need for adjustments;
- c. A listing of each post and position needed;
- d. The number of hours needed for each post and position;
- e. A listing of staff, by gender, working overtime at Edna Mahan and the amount of overtime worked by each staff member;
- f. A listing of supervisors by gender working overtime at Edna Mahan; and
- g. Edna Mahan's assessment of its ability to comply with the staffing plan.

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 34:

2/24/25 Status Report

A reassessment was conducted and provided to DOJ and the Federal Monitor on February 24, 2025.

Monitor's Finding of Compliance re D. Staffing ¶ 34:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 34:

On February 20, 2025, the Monitor and the DOJ received an updated annual staffing plan dated February 20, 2025. The document included evaluating existing staffing levels and needs for adjustment, listing each post and position needed, and the number of hours needed for each post and position. The plan also included listing all custody staff on each shift, a listing of staff, by gender, working overtime at Edna Mahan and the amount of overtime worked by each staff member, and a listing of supervisors by gender working overtime at Edna Mahan.

On October 4, 2024, the Monitor and the DOJ received a “Collapsed Post Report” for the third quarter (July, August, and September 2024.) On January 2, 2025, the Monitor and the DOJ received a “Collapsed Post Report” for the fourth quarter (October, November, and December) of 2024. This report outlines and provides reasons for deviations from the existing staffing plan. It's important to highlight that up until two weeks before the end of the reporting period, it was uncommon for EMCF to have adequate staff to meet its current staffing plan. Most of the time, the facility had to deviate from the plan because of insufficient staffing. Two weeks before the end of the reporting period, EMCF received 13 recruits (three males and ten females) from the latest academy.

It is also important to note that although the “body count” might show a certain number of officers assigned to EMCF, those are often not the “real count” of officers available to work. The “body count” numbers include staff assigned to home (some have been assigned to home since January 2021), staff on special duty assignment (and not available to work at EMCF), staff on FMLA (Family Medical Leave Act), etc. During this reporting period, EMCF gained 18 new officers and had 11 officers leave (retire, transfer, etc.).

Recommendations re D. Staffing ¶ 34:

Continue to conduct annual reassessments of Edna Mahan's staffing plan.

D. Staffing

- ¶ 35 Quarterly, Edna Mahan will provide a Staffing Update to the Monitor and DOJ and shall include the following information:
- a. A listing of staff hired at Edna Mahan, by gender and positions filled; and
 - b. A listing of staff who ended their employment at Edna Mahan, including gender, position, and reason for separation.

Requirements:

Monitor's Measure of Compliance re D. Staffing ¶ 35:

Quarterly staffing reports from EMCF, submitted on January 5, 2022 (for October, November, and December 2021)

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 35:

2/24/25 Status Report

During this reporting period, the Monitor received two Staffing Updates. The first covered July, August, and September 2024 and the second covered October, November and December 2024. Each update provided details on new hires and staff departures at Edna Mahan, including information on gender, positions, and reasons for separation.

Data from the submitted Quarterly Staffing Updates show that during July - September 2024:

- EMCF has received through new hire, promotion, or transfer: 11 new staff (3 females);
- Zero (0) staff members transferred to another agency;
- Seven (7) staff members (1 female) retired;
- Zero (0) staff members were removed;
- Three (3) staff members (3 female) resigned;
- Zero (0) staff members transferred to another facility.

Data from the submitted Quarterly Staffing Updates show that during October - December 2024:

- EMCF has received through new hire, promotion, or transfer: 5 new staff (2 females);
- Zero (0) staff members transferred to another agency;
- Four (4) staff members (1 female) retired;
- Zero (0) staff members were removed;
- Two (2) staff members (0 female) resigned;
- Two (2) staff members (0 female) transferred to another facility.

Monitor's Finding of Compliance re D. Staffing ¶ 35:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 35:

The Monitor received two Staffing Updates during this reporting period. The first included data from August and September 2024; the second was for October, November, and December 2024. Both staffing updates included a list of staff hired at Edna Mahan by gender and positions filled and a listing of staff who ended their employment at Edna Mahan, including their gender, position, and reason for separation.

Recommendations re D. Staffing ¶ 35:

Continue to provide quarterly Staffing Update to Monitor and DOJ throughout the Settlement Agreement.

D. Staffing

- ¶ 36 NJDOC shall continue to employ an upper-level, Department-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA standards at Edna Mahan and all of its facilities.

Requirements:

- ¶ 38 NJDOC and Edna Mahan shall ensure that Edna Mahan's PREA Compliance Manager continues to report directly to the Administrator of Edna Mahan with dotted-line reporting to the Department-wide PREA Coordinator. Dotted-line reporting refers to a relationship between an employee and a secondary supervisor who may provide additional oversight and guidance to the employee in the execution of his or her work.
- ¶ 41 NJDOC's PREA Coordinator shall document semi-annual review meetings with the Edna Mahan PREA Compliance Manager, and other supervisors as appropriate, to discuss the Edna Mahan PREA Compliance Manager's activities and job responsibilities during the relevant period.

Monitor's Measure of Compliance re D. Staffing ¶ 36:

- NJDOC hires full time Agency PREA Coordinator
- Job description for NJDOC PREA Coordinator
- Interview with NJDOC PREA Coordinator

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 36:

2/24/25 Status Report

NJDOC continues to employ Ms. Capra as the full-time Agency PREA Coordinator. Ms. Capra has sufficient time and authority to develop, implement, and oversee NJDOC's efforts to comply with the PREA standards at Edna Mahan and all of its facilities.

Monitor's Finding of Compliance re D. Staffing ¶ 36:

[X] Substantial Compliance

- [] Partial Compliance
- [] Non-compliance
- [] N/A not required until [date]
- [] N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 36:

Sandra Capra, the NJDOC Agency PREA Coordinator, began employment on October 22, 2022. Thus, this paragraph requirement was completed during the third reporting period of this Settlement Agreement. Having someone in this position with sufficient time and authority to develop, implement, and oversee NJDOC's efforts to comply with the PREA standards continues to be very positive.

Recommendations re D. Staffing ¶ 36:

No recommendations

D. Staffing

¶ 37 NJDOC and Edna Mahan shall designate a full-time (40 hours/week) PREA Compliance Manager who has no other duties within NJDOC or Edna Mahan and who is assigned to oversee PREA compliance at Edna Mahan. This individual will have sufficient authority to coordinate Edna Mahan's efforts to comply with the PREA standards.

Requirements:

¶ 38 NJDOC and Edna Mahan shall ensure that Edna Mahan's PREA Compliance Manager continues to report directly to the Administrator of Edna Mahan with dotted-line reporting to the Department-wide PREA Coordinator. Dotted-line reporting refers to a relationship between an employee and a secondary supervisor who may provide additional oversight and guidance to the employee in the execution of his or her work.

Monitor's Measure of Compliance re D. Staffing ¶ 37:

- NJDOC hires full-time EMCF PREA Compliance Manager
- Job description for EMCF PREA Compliance Manager
- Interview with EMCF PREA Compliance Manager

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 37:

2/24/25 Status Report

NJDOC continues to employ Ms. Renshaw as the full-time PREA Compliance Manager at EMCF. Ms. Renshaw has no other duties within NJDOC or Edna Mahan and is assigned to oversee PREA compliance at Edna Mahan. She has sufficient authority to coordinate Edna Mahan's efforts to comply with PREA standards.

Monitor's Finding of Compliance re D. Staffing ¶ 37:

[X] Substantial Compliance

[] Partial Compliance

[] Non-compliance

[] N/A not required until [date]

[] N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 37:

On March 28, 2022, Amelia Renshaw was officially appointed as Assistant Superintendent (AS), solely responsible for serving as the PREA Compliance Manager for EMCF. This fulfilled the paragraph's requirement during the Settlement Agreement's second reporting period. Assistant Superintendent Renshaw is part of Edna Mahan's leadership team and reports directly to the EMCF

Administrator. She also maintains a "dotted-line" reporting connection with the Department-wide PREA Coordinator, meaning she receives additional oversight and guidance from this secondary supervisor in carrying out her duties.

Ms. Renshaw continues to work hard as the PREA Compliance Manager, and this full-time position has positively impacted Edna Mahan. The October 23, 2024, meeting minutes with the NJDOC PREA Coordinator and the EMCF Institutional PREA Compliance Manager note that “IPCM Renshaw continues to display an excellent basis of knowledge of her duties, and PREA standards. She continues to demonstrate not only a willingness to follow policies and procedures as they pertain to compliance with PREA standards but also exhibits an acute thoroughness with regard to thought provoked questions and discussions. She shows extraordinary initiative when it comes to handling any issue that may arise or when there is a need for change. She is innovative, yet practical, in her approach to handling matters and addressing any situations that may arise. She works well internally with EMCF staff as well as with the APC and PREA Compliance Unit (PCU) staff, and other departments within the NJDOC. Her efforts at carrying out her duties and responsibilities are to be commended.

Overall, IPCM Renshaw exhibits the utmost professionalism and competence in her role as IPCM at EMCF. She is respectful and respected by both staff and IPs. She has kept up an efficient database and excel spreadsheet tracking system for all PREA allegations and determinations, which is up-to-date. She continues to be organized and diligent in maintaining all necessary documentation and is able to provide that information easily upon request. IPCM Renshaw continues to update the Lowenstein Sander database (related to the Consent Decree) in addition to her own internal tracking system effectively and efficiently. She continues to be an extreme asset in her role as IPCM, as a member of the Administrative Team at EMCF, and as a partner to the APC and PCU staff. IPCM Renshaw is simply an invaluable asset to EMCF and the NJDOC.

Recommendations re D. Staffing ¶ 37:

No recommendation

D. Staffing

¶ 39 NJDOC and Edna Mahan shall develop a job description for Edna Mahan's PREA Compliance Manager with expected responsibilities and submit this job description to the Monitor and DOJ for review.

Requirements:

¶ 38 NJDOC and Edna Mahan shall ensure that Edna Mahan's PREA Compliance Manager continues to report directly to the Administrator of Edna Mahan with dotted-line reporting to the Department-wide PREA Coordinator. Dotted-line reporting refers to a relationship between an employee and a secondary supervisor who may provide additional oversight and guidance to the employee in the execution of his or her work.

Monitor's Measure of Compliance re D. Staffing ¶ 39:

Job description for EMCF PREA Compliance Manager

Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 39:

2/24/25 Status Report

This requirement has been satisfied.

Monitor's Finding of Compliance re D. Staffing ¶ 39:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 39:

This requirement was met during the first reporting period. NJDOC and Edna Mahan developed a job description for Edna Mahan's PREA Compliance Manager, which includes expected responsibilities and direct supervision by the EMCF's Facility Administrator.

Recommendations re D. Staffing ¶ 39:

No recommendation

D. Staffing

¶ 40 NJDOC and Edna Mahan shall provide training to the Edna Mahan PREA Compliance Manager necessary to fulfill his or her duties.

Requirements:

¶ 38 NJDOC and Edna Mahan shall ensure that Edna Mahan's PREA Compliance Manager continues to report directly to the Administrator of Edna Mahan with dotted-line reporting to the Department-wide PREA Coordinator. Dotted-line reporting refers to a relationship between an employee and a secondary supervisor who may provide additional oversight and guidance to the employee in the execution of his or her work.

Monitor's Measure of Compliance re D. Staffing ¶ 40:

- Training Records for EMCF PREA Compliance manager
- Documented "on the job training" provided to EMCF PREA Compliance Manager
- Interview with EMCF PREA Compliance Manager

NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation re D. Staffing ¶ 40:

2/24/25 Status Report

The EMCF IPCM continues to receive required training which included a Departmental IPCM Training on December 20, 2024. The EMCF IPCM continues to meet bimonthly with a PREA subject matter expert from The Moss Group.

Monitor's Finding of Compliance re D. Staffing ¶ 40:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 40:

When she began as the EMCF Institutional PREA Compliance Manager (IPCM), Assistant Superintendent Amelia Renshaw received a 20-page PREA Compliance Manager Reference Guide. This guide identifies the responsibilities of an Institutional PREA Compliance Manager and provides guidance on a variety of duties assigned to the IPCM. The Monitor reviewed this guide and found it very thorough.

During this reporting period, Ms. Renshaw participated in an IPCM agency training and a webinar specifically focused on Risk Assessments for Women, offered by the PREA Resource Center. Additionally, Ms. Renshaw continues to meet bimonthly with a PREA subject matter expert from The Moss Group.

IPCM Renshaw has held this position for nearly three years and believes she receives sufficient training to fulfill her duties as Facility PREA Compliance Manager successfully.

Recommendations re D. Staffing ¶ 40:

NJDOC and Edna Mahan continue to provide the training necessary to fulfill her duties as Edna Mahan's PREA Facility Compliance Manager.

D. Staffing

- ¶ 41 NJDOC's PREA Coordinator shall document semi-annual review meetings with the Edna Mahan PREA Compliance Manager, and other supervisors as appropriate, to discuss the Edna Mahan PREA Compliance Manager's activities and job responsibilities during the relevant period.

Requirements:

Monitor's Measure of Compliance re D. Staffing ¶ 41:

- Meeting minutes between NJDOC's PREA Coordinator and EMCF PREA Compliance Manager submitted to monitor, at least semi-annually, beginning 2022.

NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation D. Staffing ¶ 41:

2/24/25 Status Report

The NJDOC Agency PREA Coordinator and IPCM conducted a semi-annual review on October 23, 2024, as required by paragraph 41. The reports were provided to the DOJ and Federal Monitor.

Monitor's Finding of Compliance re D. Staffing ¶ 41:

[X] Substantial Compliance

- ☐ Partial Compliance
☐ Non-compliance
☐ N/A not required at this time
☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 41:

On February 27, 2025, the Monitor and the DOJ received a copy of the meeting minutes held on October 23, 2024, between the NJDOC PREA Coordinator and Edna Mahan's PREA Compliance Manager. The following items were discussed during this meeting: PREA Education/Refreshers, PREA Risk Assessment/ "At-Risk" Log, Staff PREA Training Updates, Investigation Status, Incident Reviews, Facility Tours, Camera Audit and Analysis, Retaliation Monitoring, Notification Compliance, LEP Issues, PREA Physical Plant Upgrades, and Signage.

It is also noted that "there continues to be open lines of communication between APC and IPCM Renshaw, with in-person visits, as well as frequent communications via e-mail and phone that consistently occur year-round between the parties. At all prior meetings,

the parties engage in pertinent exchanges of information for discussion and continued improvement in areas of concern and/or need at EMCF. IPCM Renshaw keeps the Agency PREA Coordinator apprised appropriately and in detail.

Since the inception of this working relationship, APC and IPCM Renshaw have maintained and strengthened their collaborative nature, continuing to work well together in their respective roles. APC Capra's tenure with the Department began in October 2022. Since that time, the parties have developed a mutually supportive relationship which continues to strengthen and flourish. IPCM Renshaw continues, as needed, to supply APC with historical information as to efforts of compliance at EMCF with the Consent Decree to date. The parties continue to confer on a multitude of issues that impact EMCF and work well with other staff at EMCF and department-wide, as well as outside stakeholders such as The Moss Group.

Recommendations re D. Staffing ¶ 41:

NJDOC's PREA Coordinator continues to hold and document semi-annual review meetings with the Edna Mahan PREA Compliance Manager.

D. Staffing

- ¶ 42 Policies and procedures at Edna Mahan shall require that contractors and volunteers who have contact with prisoners but are not directly supervised by NJDOC or Edna Mahan employees comply with Edna Mahan's sexual abuse and sexual harassment policies and procedures.

Requirements:

Monitor's Measure of Compliance re D. Staffing ¶ 42:

- Rosters of all volunteers who completed PREA training
- List of all EMCF volunteers who may have contact with prisoners, as of February 24, 2022.
- Training Curriculum utilized for PREA
- Interviews with at least two volunteers to confirm that required training took place
- Interviews with EMCF volunteer coordinator (Executive Assistant) to discuss process for how volunteers are trained
- Interviews with EMCF PREA Coordinator to discuss process for how volunteers are trained

**NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation re D. Staffing ¶ 42:
2/24/25 Status Report**

Volunteers continue to provide services in areas such as relapse prevention, clubs, chaplaincy, education and reentry services for the incarcerated population. All volunteers have received the mandatory PREA training.

Monitor's Finding of Compliance re D. Staffing ¶ 42:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re D. Staffing ¶ 42:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states that new non-uniformed personnel receive PREA training as part of their Orientation at their respective facilities. In addition, all NJDOC employees, volunteers, and contractors receive at least bi-annual training on their duties and responsibilities under the Department's zero-tolerance policy. This training includes training on all ten topics listed in §115.31 employee training standard, including the requirement to immediately

report any incident or allegation of sexual abuse/sexual harassment to the nearest custody staff member or an on-duty custody supervisor if more appropriate.

All NJDOC employees (custody staff, non-uniformed staff, and civilian staff), contractors, and volunteers receive PREA-specific training on an annual basis. This training is to ensure that they know the current sexual abuse and sexual harassment policies and procedures. The training also focuses on critical issues regarding staff sexual misconduct and the prevention of prison sexual abuse, including the reporting of incidents, as well as first responder responsibilities.

Additionally, NJDOC 001.008, Prevention, Detection, and Response of Sexual Abuse and Harassment, speaks to contractors and volunteers when identifying specific responsibilities, practices, and/or procedures that staff must follow. This policy was revised on November 21, 2024.

NJDOC Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault states, “Contractors and volunteers are provided information regarding conduct and consequences for violating the NJDOC zero tolerance for sexual abuse and sexual harassment policies.

Reports concerning a contract vendor employee’s unprofessional conduct shall be forwarded to the facility/institution/office site administrator for resolution and shall be reported to law enforcement agencies and to relevant licensing bodies, as appropriate.

The NJDOC reserves the right to terminate the services of a volunteer for violating the NJDOC's zero tolerance for sexual abuse and sexual harassment policies. Additionally, any volunteers who engage in sexual abuse shall be prohibited from contact with Incarcerated Persons and shall be reported to law enforcement agencies and to relevant licensing bodies, as appropriate.” This Level 1/3 policy was revised on December 1, 2023, and replaced EMCF’s Level 3 Internal Management Procedure Custody Directive 73.

On March 25, 2025, the Monitor and the DOJ received a listing of the 58 volunteers currently volunteering at Edna Mahan, all of whom have taken PREA training. No volunteer is allowed inside EMCF until they have taken PREA and Undue Familiarity training. There is one volunteer who needs to receive the annual PREA refresher training. It is noted that this volunteer is not permitted to enter EMCF until they have completed this annual training. There have been no instances of a volunteer not complying with Edna Mahan’s sexual abuse and sexual harassment policies and procedures during this reporting period.

Additionally, the Monitor spoke with two volunteers who verified that they received this training. Both volunteers knew of their responsibility to report if they learned about an allegation of sexual abuse or sexual harassment. Both volunteers remembered the confidentiality requirement and were adamant about “not saying anything to anyone else.”

The Monitor’s Associate held a focus group with contractors who provide medical and mental health services at Edna Mahan. Everyone in the focus group verified that they had received PREA training and were aware of the expectation to comply with Edna Mahan’s sexual abuse and sexual harassment policies and procedures.

Recommendations re D. Staffing ¶ 42:

No recommendation

E. Training

NJDOC and Edna Mahan shall ensure that all staff have the adequate knowledge, skill, and ability to prevent, detect, and respond to sexual abuse and sexual harassment at Edna Mahan, and to manage, interact, and communicate appropriately with women prisoners. Accordingly, and specifically:

- ¶ 43 Within six months of the Effective Date, NJDOC and Edna Mahan shall train or retrain all Edna Mahan staff who may have contact with prisoners on the following:
- a. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill staff responsibilities under its sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - c. The right of prisoners to be free from sexual abuse and sexual harassment;
 - d. The right of prisoners and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in confinement;
 - f. The common reactions of sexual abuse and sexual harassment victims;
 - g. How to respond to sexual abuse and sexual harassment, including:
 - i. How to respond professionally and in a victim-centered manner to individuals who report sexual abuse and sexual harassment;
 - ii. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment, including how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
 - iii. How to initiate appropriate first response to initial reports of recent allegations of sexual abuse, pursuant to 28 C.F.R. § 115.64.
 - h. Signs of threatened and actual sexual abuse;
 - i. How to avoid inappropriate relationships with prisoners;
 - j. Gender-responsive principles; and
 - k. How to communicate effectively and professionally with prisoners. This training shall emphasize that verbal abuse, including name calling and the use of sexually explicit, profane, vulgar, or degrading language, will not be tolerated.

Requirements:

Monitor's Measure of Compliance re E. Training ¶ 43:

- Rosters of completed PREA, Gender-Responsive, or other subjects noted above training by assigned EMCF staff by February 24, 2022.
- List of all EMCF staff who may have contact with prisoners, including staff who work at other facilities who may work overtime at EMCF (i.e., maintenance, kitchen) and staff assigned to supervise SMCF prisoners at outside locations on February 24, 2022.
- Training Curriculum utilized for PREA
- Training Curriculum utilized for Gender-Responsive
- Training Curriculum utilized to train on any other subjects noted above (not in PREA or Gender-Responsive curriculum)
- List of trainers providing training
- Interviews with staff to confirm that required training took place
- Interviews with trainers who provided training to confirm that required training took place
- Interviews with EMCF training Lieutenant and/or training staff to confirm that required training took place

Steps taken by NJDOC and EMCF towards implementation E. Training ¶ 43:

2/24/25 Status Report

All staff have received the required training as stipulated in this Agreement.

Monitor's Finding of Compliance re E. Training ¶ 43:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re E. Training ¶ 43:

This requirement was met during February - May 2022, during the first and second reporting periods. The curriculum did include all the requirements noted above (a – k), except for “j” – gender-responsive principles. To accommodate the requirement under “j”, NJDOC and Edna Mahan provided a two-day gender-responsive training during the third reporting period. This paragraph has been satisfied.

Recommendations re E. Training ¶ 43:

No recommendation

E. Training

¶ 44 NJDOC and Edna Mahan shall provide refresher training every other year to all Edna Mahan staff to ensure that they know the current sexual abuse and sexual harassment policies and procedures. NJDOC and Edna Mahan shall require that staff demonstrate proficient knowledge of the policies and procedures to complete the training requirements.

Requirements:

¶ 45 To the extent that revisions are made to policies or procedures, or new policies or procedures are developed to comply with this Agreement, NJDOC and Edna Mahan will work with the Monitor in drafting new training materials and/or revising current training materials to ensure the training materials are current.

Monitor's Measure of Compliance re E. Training ¶ 44:

- ¶ 44
- EMCF Level 3 policy requiring refresher training every other year to all EMCF staff to ensure that they know the current sexual abuse and sexual harassment policies and procedures
 - Refresher training curriculum utilized
 - Documentation of staff receiving this training, and the date received
 - Documentation of staff proficiency testing and who fails
 - Interviews with staff regarding their knowledge of current sexual abuse and sexual harassment policies and procedures
 - Interviews with trainers who provided training to confirm that required training took place
 - Interviews with EMCF training Lieutenant and/or training staff to confirm that required training took place

Steps taken by NJDOC and EMCf towards implementation re E. Training ¶ 44:

2/24/25 Status Report

Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," finalized on 1/29/24 and revised on 11/21/24, mandates annual PREA-specific training for all NJDOC employees, including custody staff, non-uniformed staff, and civilian staff, as well as contractors and volunteers. This training ensures that personnel are knowledgeable about current sexual abuse and harassment policies and procedures, with a focus on preventing prison sexual abuse and addressing staff sexual misconduct. Key topics covered include incident reporting, first responder responsibilities, and prevention strategies.

Participation in the required PREA training is documented through employee signature or electronic verification, confirming proficient knowledge of the policies and procedures. A post-test was reviewed and approved by the Federal Monitor and has been utilized in training since January 2024. Training records are maintained at the Correctional Staff Training Academy to track compliance and ensure staff readiness.

Monitor's Finding of Compliance re E. Training ¶ 44:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re E. Training ¶ 44:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, New Non-Uniformed personnel receive PREA training as part of their Orientation at their respective facilities. In addition, all NJDOC employees, volunteers and contractors receive annual training on their duties and responsibilities under the Department's zero-tolerance policy. This training includes training on all ten topics listed in §115.31 employee training standard including the requirement to immediately report any incident or allegation of sexual abuse/sexual harassment to the nearest custody staff member, or an on-duty custody supervisor if more appropriate. This policy was revised on 11/21/24.

All NJDOC employees (custody staff, non-uniformed staff and civilian staff), contractors and volunteers receive PREA-specific training on an annual basis. This training is to ensure that they know the current sexual abuse and sexual harassment policies and procedures. The training also focuses on key issues regarding staff sexual misconduct and the prevention of prison sexual abuse including the reporting of incidents, as well as first responder responsibilities.

The Settlement Agreement requires that NJDOC and Edna Mahan shall provide refresher training every other year to all Edna Mahan staff to ensure that they know the current sexual abuse and sexual harassment policies and procedures. However, per policy, NJDOC and Edna Mahan provide this refresher training every year.

In January 2024, a post-test was implemented into the training to demonstrate that staff has proficient knowledge of the PREA policies and procedures. If a staff member receives below the passing score of 70%, the institutional training staff remediates and re-tests, but no one has failed the post-test since EMCF has implemented it.

Recommendations re E. Training ¶ 44:

No recommendation

E. Training

par. 45 To the extent that revisions are made to policies or procedures, or new policies or procedures are developed to comply with this Agreement, NJDOC and Edna Mahan will work with the Monitor in drafting new training materials and/or revising current training materials to ensure the training materials are current.

Requirements:

NJDOC and Edna Mahan implement the post-test to ensure staff demonstrate proficient knowledge of the policies and procedures to complete the training.

Steps taken by NJDOC and EMCF towards implementation re E. Training ¶ 45:

2/24/25 Status Report

NJDOC continues to work with the Monitor, as well as its expert consultants, when drafting new training plans, curricula, and materials to ensure feedback is incorporated.

Monitor's Finding of Compliance re E. Training ¶ 45:

[X] Substantial Compliance:

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required until [date]
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re E. Training ¶ 45:

As noted in paragraph 10, as of February 24, 2024, NJDOC had revised, finalized, and adopted the following Level 1 policies:

- ADM.010.004 - Staff/Incarcerated Person Over Familiarity
- CUS.001.CRP.01 - Camera Review Procedures
- CUS.001.SEA.001 - Searches of Incarcerated Persons and Correctional Facilities
- PCS.001.008 - Prevention, Detection and Response of Sexual Abuse and Harassment
- SID IMP #14
- SID IMP #35
- SID IMP #48
- ADM.019.003 - Close Custody Units

- CUS.001.011 – Policy Statement - Searches of Incarcerated Persons and Correctional Facilities
- IMM.001.004 - Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment
- IMM.004.RHU.03 - Amenities and Privileges Two-Level Program
- ADM.019.003.ADJU - Adjustment Unit
- ADM.019.003.EMCT - Emergency Confinement
- CUS.001.BWC.011 – Body Worn Cameras

And, as of August 23, 2024, the following Level 3 policies (those specific to Edna Mahan) were revised and updated

- IMP #2 South, North, and Dormitory Officers (replaced the Max Housing Unit Officer)
- IMP # 2A South North Hall Control Officers (replaced the Limited Privileges Unit)
- IMP # 3 EMCF Satellite Entrance Control Officer
- IMP # 3A EMCF Satellite General Assignment Officer
- IMP #3B EMCF Satellite Unit Housing Officer
- IMP #15 C-Cottage Unit Officers (replaced Residential Treatment Unit)

Additionally, during this reporting period, NJDOC updated the following policies that refer to or relate to cross-gender strip searches to specify that such searches may take place only in emergent rather than exigent circumstances. The definition of “exigent circumstance” – “any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility” – was determined to be too broad to describe the limited situations in which a cross-gender strip search may occur. Accordingly, policies were updated to reflect that cross-gender strip searches may only occur in an “emergent circumstance,” defined as “a serious, unexpected, and dangerous situation requiring immediate action.”

- CUS.001.SEA.001 - Searches of Incarcerated Persons and Correctional Facilities
- PCS.001.008 - Prevention, Detection and Response of Sexual Abuse and Harassment
- CUS.001.SEA.001 - Searches of Incarcerated Persons and Correctional Facilities
- IMP # 3 EMCF Satellite Entrance Control Officer
- IMP # 3A EMCF Satellite General Assignment Officer
- IMP #3B EMCF Satellite Unit Housing Officer
- IMP #15 C-Cottage Unit Officers

NJDOC provided the Monitor with a draft training plan in July 2024. Based on the Monitor’s feedback, NJDOC revised the training curriculum. The training is aimed at all EMCF staff, contract staff, and volunteers specific to the revised Level 1 and Level 3 policies listed above. The curriculum was developed in three (3) sections. The curriculum was developed in three (3) sections.

Section 1 training is for all staff and was provided to non-custody staff in January 2025. Sections 2 and 3 are specific to custody staff. The training for custody staff on sections 1, 2, and 3 is expected to begin in March 2025.

Recommendations re E. Training ¶ 45:

Continue to work with the Monitor in drafting new training materials and/or revising current training materials to ensure they are current.

E. Training

¶ 46 NJDOC shall certify and maintain documentation showing that all active Edna Mahan staff have been trained.

Requirements:

¶ 45 To the extent that revisions are made to policies or procedures, or new policies or procedures are developed to comply with this Agreement, NJDOC and Edna Mahan will work with the Monitor in drafting new training materials and/or revising current training materials to ensure the training materials are current.

Monitor's Measure of Compliance re E. Training ¶ 46:

- EMCF Level 3 policy requiring that documentation be maintained to show that all active Edna Mahan staff have been trained.
- Training Records reviewed during On-Site visit
- Interviews with EMCF training Lieutenant and/or training staff to verify documentation is maintained showing that all EMCF staff have been trained.

**NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation re E. Training ¶ 46:
2/24/25 Status Report**

NJDOC continues to comply with the required training according to the timelines set forth in this Agreement.

Monitor's Finding of Compliance re E. Training ¶ 46:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re E. Training ¶ 46:

NJDOC Policy Statement 001.008, Prevention, Detection and Response of Sexual Abuse and Harassment, states, "Participation in requisite PREA training shall be documented through employee signature or electronic verification, noting that staff demonstrate proficient knowledge of the policies and procedures to complete the training requirements. Training records will be retained at the Correctional Staff Training Academy." Additionally, the policy talks about volunteers and contract staff when it states, "Training receipt forms are issued for signature to each contractor and volunteer that will have the potential to interact with

incarcerated persons. Copies of these signed receipt forms are to be maintained at each facility.” This policy was revised on November 21, 2024.

During this most recent compliance visit, the Monitor’s Associate met with the Training Lieutenant at Edna Mahan and verified that NJDOC and Edna Mahan maintain documentation showing that all active Edna Mahan staff have been trained. The Monitor has received those training records for various training courses the Settlement Agreement requires.

Recommendations re E. Training ¶ 46:

Continue to certify and maintain documentation showing that all active Edna Mahan staff have been trained.

G. Prisoner's Right to Privacy at Edna Mahan

NJDOC and Edna Mahan shall prevent officers from unnecessarily viewing Edna Mahan prisoners who are naked or performing bodily functions. Accordingly:

¶ 54. Cross-Gender Searches

- a. Edna Mahan shall comply with N.J.S.A. 30:1B-46 and NJDOC's policy to not conduct cross-gender strip searches or visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.
- b. Prisoners' access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with cross-gender search restrictions.
- c. Edna Mahan shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of women prisoners and shall document the exigent circumstances that warranted the search. To the extent any such searches were conducted, Edna Mahan shall provide this documentation to the Monitor and DOJ on a quarterly basis.
- d. NJDOC and Edna Mahan shall train security staff in how to conduct cross-gender pat-down searches, when required, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Requirements:

Monitor's Measure of Compliance re G. Prisoner's Right to Privacy at Edna Mahan ¶ 54:

¶ 54 a

- Copy of N.J.S.A. 30:1B-46
- NJDOC Level 1 policy prohibiting cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners
- EMCF Level 3 policy prohibiting cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners

- CUS.001.011 Searches of Prisoners and Facilities) and Internal Management Procedure (CUS.001.SEA.001 Searches) which outline the department's rules regarding pat searches, strip searches and body cavity searches
- Training curriculum for staff stating that cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners are prohibited
- Documentation memo/training rosters confirming staff training stating that cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners are prohibited
- Quarterly notification, beginning January 5, 2022, for the last quarter of 2021, to Monitor of exigent circumstances that required a cross-gender strip search or visual body cavity
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan prohibiting cross-gender strip searches or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners

¶54 b

- EMCF level 3 policy stating that prisoner's access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with cross-gender search restrictions
- Documentation memo/training rosters confirming staff were informed that prisoner's access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with cross-gender search restrictions
- Quarterly notification, beginning January 5, 2022, for the last quarter of 2021, documenting every time available programming or out-of-cell activities were restricted due to not being able to comply with cross-gender search restrictions
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan prohibiting prisoner's access to regularly available programming or other out-of-cell opportunities in order to comply with cross-gender search restrictions

¶54 c

- EMCF level 3 policy requiring that staff document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of women prisoners. And the same level 3 policy requires such documentation include the exigent circumstances that warranted the search
- Quarterly notification (beginning January 5, 2022) for the last quarter of 2021, of exigent circumstances that required a cross-gender strip search, visual body cavity search, or cross-gender pat-down search

¶54 d

- EMCF level 3 policy stating that all security staff shall be trained in how to conduct cross-gender pat-down searches in a professional and respectful manner and in the least intrusive manner possible. And plan to continue to provide this training

- Training records, schedules for training for all security staff, who have been trained, regarding proper methods to conduct cross gender pat down searches
- Copy of curriculum used for this training
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan in how to conduct cross-gender pat-down searches in a professional and respectful manner and in the least intrusive manner possible
- Interviews with staff during on site visit regarding their responsibilities to document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of women prisoners

Steps taken by NJDOC and EMCF towards implementation G. Prisoner's Right to Privacy at Edna Mahan ¶ 54:

2/24/25 Status Report

Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," established on February 1, 2024 and revised on November 21, 2024, outlines procedures regarding cross-gender viewing. During the reporting period, there were no instances of cross-gender searches. Quarterly reports confirming the absence of such searches have been duly submitted to both the Federal Monitor and the DOJ. Furthermore, consistent practices are upheld across EMCF and all NJDOC correctional facilities regarding transgender and intersex individuals. These individuals are given the option to request a search preference in accordance with N.J.P.L. 2019 c.409, which prohibits cross-gender strip searches in state correctional facilities. To ensure compliance, Gender Identity Search Preference ID Cards are issued to transgender or intersex incarcerated persons, indicating their approved search preference based on their gender identity.

Monitor's Finding of Compliance re G. Prisoner's Right to Privacy at Edna Mahan ¶ 54:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re G. Prisoner's Right to Privacy at Edna Mahan ¶ 54:

Part of the 2020 New Jersey Revised Statutes Title 30 – Institutions and Agencies, Section 30:1B-46 – Policy to limit cross gender searches and surveillance in State Correctional facilities, states, “The Commissioner of Corrections shall establish a policy to limit cross gender searches and surveillance in State correctional facilities. The policy shall:

- a. require a strip or body cavity search of a prisoner to be conducted by an officer of the same gender who is specially trained to conduct these searches;

b. authorize an exception to the requirements in subsection a. of this section

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, “NJDOC does not allow cross-gender strip searches or visual body cavity searches, except in emergent circumstances or when performed by medical practitioners. NJDOC has a policy on searches (CUS.001.011 Searches of Incarcerated persons and Facilities) and a corresponding confidential internal management procedure (CUS.001.SEA.001 Searches) which both outline in detail the department’s rules regarding pat searches, strip searches and body cavity searches.” This policy was revised on November 21, 2024.

Additionally, NJDOC CUS.001.SEA.001 Searches of Inmates and Facilities states, “except in emergent circumstances, pat searches shall only be conducted by female custody staff members upon female incarcerated persons, including persons whose Gender Identity Search Preference ID Card identifies them as having requested to be searched by female staff. All other incarcerated persons will be pat searched by any available staff member. Facilities must document all cross gender-pat searches conducted in emergent circumstances and will document the emergent circumstances that warranted the search. This Level 1/3 policy was revised on November 21, 2024.

On October 1, 2024, the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating “Please be advised, upon review of data provided for the months of July, August and September 2024, there were no exigent circumstances that required a cross-gender strip search or visual body cavity search.” And on January 2, 2025 the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating, “Please be advised, upon review of data provided for the months of October, November and December 2024, there were no exigent circumstances that required a cross-gender strip search or visual body cavity search.”

Paragraph 54b:

NJDOC CUS.001.SEA.001 Searches of Inmates and Facilities states, “Except in exigent circumstances, pat searches shall only be conducted by female custody staff members upon female incarcerated persons, including persons whose Gender Identity Search Preference ID Card identifies them as having requested to be searched by female staff. All other incarcerated persons will be pat searched by any available staff member. Facilities must document all cross-gender-pat searches conducted in exigent circumstances and will document the exigent circumstances that warranted the search. Facilities shall not restrict incarcerated persons’ access to regularly available programming or other out-of-cell opportunities in order to comply with this requirement.” This Level 1/3 policy was revised on July 1, 2023.

On October 1, 2024, the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating that “upon review of data provided for the months of July, August and September 2024, there

were no instances of available programming or out of cell activities being restricted due to not being able to comply with cross-gender search restrictions.” And on January 2, 2025, the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating, “upon review of data provided for the months of October, November and December 2024, there were no instances of available programming or out of cell activities being restricted due to not being able to comply with cross-gender search restrictions.

Paragraph 54c:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, “All staff working in female facilities will be trained on conducting trauma-informed pat searches, to include cross-gender pat searches. If there is an emergent circumstance, custody staff shall conduct cross-gender pat-down searches of incarcerated persons in a professional and respectful manner and in the least intrusive manner possible, consistent with the security needs of all involved. Facilities are required to promptly record in the Custody Special Report, following the conclusion of any urgent situation, all cross-gender pat searches that were conducted under emergent circumstances. Additionally, they must detail the specific emergent circumstances that justified the search.” This policy was revised on November 21, 2024.

NJDOC CUS.001.SEA.001 Searches of Inmates and Facilities states, “Under non-emergent circumstances, a strip search shall be conducted by custody staff of the same gender identity as the incarcerated person and may include a scanning/testing device operator(s) of the same gender as the person. Under emergent circumstances, a strip search of an incarcerated person may be conducted by custody staff and scanning/testing device operator(s) of the opposite gender or where performed by medical providers. Facilities must document all cross-gender strip searches conducted under emergent circumstances and will document the emergent circumstances that warranted the search”. This Level 1/3 policy was revised on November 21, 2024.

On October 1, 2024, the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating that, “upon review of data provided for the months of July, August and September 2024, there were no exigent circumstances that required a cross gender strip search, visual body cavity search, or cross-gender pat-down search.” And on January 2, 2025, the Monitor and the DOJ received a copy of a letter from Assistant Superintendent IPCM Amelia Renshaw to the Edna Mahan Administrator stating, “Please be advised, upon review of data provided for the months of October, November and December 2024, there were no exigent circumstances that required a cross gender strip search, visual body cavity search, or cross-gender pat-down search.”

Lastly, the Monitor or her Associate has interviewed several custody staff and asked them specifically about their responsibilities to document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female

incarcerated persons. Without exception, every custody staff person we interviewed said they would never conduct cross-gender pat searches.

Paragraph 54d:

NJDOC Policy 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, revised on November 21, 2024, states, “All searches shall be performed in a professional, respectful and courteous manner, and in the least intrusive manner possible, consistent with the safety and security needs of all involved. All searches conducted in a female institution shall be conducted in a trauma-informed manner to maintain the dignity of the incarcerated person.”

NJDOC CUS.001.SEA.001 Searches of Inmates and Facilities states, “All searches shall be performed in a professional, respectful, and courteous manner, and in the least intrusive manner possible, consistent with the safety and security needs of all involved. All searches conducted in a female institution shall be conducted in a trauma-informed manner to maintain the dignity of the incarcerated person”. This Level 1/3 policy was revised on November 21, 2024.

During this past reporting period, all custody staff were trained on the revised policy/procedures for conducting strip searches of incarcerated persons. The new procedure states that “A strip search does not require the incarcerated person to be completely naked. Rather, the incarcerated person can remove their clothing on the top half of their body. After they and their clothing from the top half of their body have been thoroughly searched, the staff member can instruct the incarcerated person to put their clothing on the top of their body back on. At that point, the incarcerated person can remove their clothing on the bottom half of their body, and the staff will continue the search of the person’s body, genital area, and clothing. After the incarcerated person’s bottom half of their body and their clothing have been thoroughly searched, the staff member can instruct the person to put their clothing back on, and the strip search is completed.”

As noted in the previous compliance report, this is a significant policy/procedure change for NJDOC and demonstrates the agency’s commitment to conducting searches as respectfully as possible.

Recommendations re G. Prisoner’s Right to Privacy at Edna Mahan ¶ 54:

Continue to ensure that officers refrain from unnecessarily viewing the Incarcerated Persons who live at Edna Mahan who are naked or performing bodily functions.

G. Prisoner's Right to Privacy at Edna Mahan

¶ 55. Cross-Gender Viewing

a. NJDOC and Edna Mahan shall ensure that Edna Mahan prisoners are able to perform bodily functions—such as showering, bathing, and using the toilet— 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.

b. Edna Mahan shall require staff of the opposite gender to announce their presence when entering a prisoner housing unit, and before entering the shower or toilet areas, except in exigent circumstances.

Requirements:

Monitor's Measure of Compliance re G. Prisoner's Right to Privacy at Edna Mahan ¶ 55:

¶ 55 a

- EMCF level 3 policy stating that EMCF prisoners are able to perform bodily functions (noted above) without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routing cell checks
- Training curriculum for training all nonmedical staff to the fact that prisoners are able to perform bodily functions (noted above) without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routing cell checks
- Training records for all nonmedical staff documenting they were trained in the above
- Training Curriculum for prisoner education orientation ensuring they are told that prisoners can perform bodily functions (such as showering, bathing, using the toilet, changing clothing, etc.) without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routing cell checks (per ¶47 & 48)
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan in how to ensure that prisoners are able to perform bodily functions (noted above) without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incident to routing cell checks
- Focus groups with EMCF prisoners during on site visit specific to prisoners being able to perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia
- Interviews with staff during on site visit specific to prisoners being able to perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia

¶ 55 b:

- NJDOC Level 1 and EMCF Level 3 policy requiring staff of the opposite gender to announce their presence when entering a prisoner housing unit, and before entering the shower or toilet areas, except in exigent circumstances
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan requiring staff of the opposite gender to announce their presence when entering a prisoner housing unit
- Interviews with staff during on site visit specific to the requirement that staff of the opposite gender announce their presence when entering a prisoner housing unit
- Observations made during on site visit

Steps taken by NJDOC and EMCF towards implementation G. Prisoner's Right to Privacy at Edna Mahan ¶ 55:

2/24/25 Status Report

The policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," finalized on February 1, 2024 and revised on November 21, 2024, stipulates guidelines for gender announcements and restrictions regarding staff access to restrooms and shower facilities occupied by incarcerated persons of the opposite gender. According to the policy, all staff of the opposite gender must announce their presence when entering a housing unit. This announcement is mandatory whenever staff entering the unit change the gender composition from all same-gender staff to inclusion of opposite-gender staff. Upon entering the housing unit, opposite-gender staff are required to announce "male/female on the floor" or their name, ensuring awareness among incarcerated persons.

Level 3 IMPS specific to Edna Mahan that were approved and finalized during this reporting require that when any staff enter an incarcerated person's housing unit, regardless of their gender, they must announce their presence, e.g., "male/female on unit" or "staff name on unit." Documentation of the announcement must be recorded in the logbook.

The policies also establish restrictions on staff access to restrooms and shower facilities occupied by incarcerated persons of the opposite gender. Staff members are prohibited from entering these facilities when occupied, except during safety and security tours and checks. This measure aims to safeguard privacy and security while maintaining appropriate staff oversight and supervision.

In early May 2024, EMCF Administration consulted with a contractor to offer solutions to building permanent walls within the South Hall Dormitory shower and toilet areas, to eliminate unnecessary exposure. The EMCF Maintenance Department completed construction in the shower areas in mid-August 2024. The materials for the toilet stalls were ordered; however, the vendor shipped the incorrect items. The vendor was advised and EMCF is currently awaiting receipt of the correct order. Installation will begin upon receipt of the materials.

Monitor's Discussion re G. Prisoner's Right to Privacy at Edna Mahan ¶ 55:

Paragraph 55a:

Part of the 2020 New Jersey Revised Statutes Title 30 – Institutions and Agencies, Section 30:1B-46 – Policy to limit cross gender searches and surveillance in State Correctional facilities, prohibits correctional police officers from viewing prisoners of the opposite gender who are nude or performing bodily functions except in an emergency or other extraordinary or unforeseen circumstances and requires a facility to install privacy panels in shower and toilet areas when possible

NJDOC Policy 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states “In order to accommodate the privacy interests of incarcerated persons, modesty barriers are provided in facility shower areas. Additionally, modesty barriers/panels are provided for incarcerated persons’ use while changing. Incarcerated persons are required to change prior to exiting the shower area”. This policy was revised on November 21, 2024.

During the last two compliance visits, the Monitor was concerned about the lack of privacy in one area of South Hall (the old Reception area). Although there were shower curtains hung in the shower and toilet areas, in most instances, they were too short to cover private areas if an incarcerated person had to bend down or had gaps between the curtains that allowed the incarcerated person to be seen. There are incarcerated persons who are transgender and identify as males who might not have been able to perform bodily functions, such as showering, using the toilet, or change clothing without a nonmedical staff of the opposite gender identity viewing them. In the last compliance report, the Monitor was pleased to report that the shower situation had been resolved by adding permanent barriers in the shower area. The Monitor noted that this same system was planned for each toilet, allowing for privacy while using the toilet. The toilet barriers were expected to be installed during this reporting period (August 25, 2024 – February 24, 2025). Unfortunately, that did not happen. The materials for the toilet stalls were ordered; however, the vendor shipped the incorrect items. The vendor was advised, and at the end of the reporting period, EMCF was awaiting receipt of the correct order. The material had been received but had not yet been installed at the time of the compliance visit. Installation is expected to begin upon receipt of the materials.

The Monitor or her Associate conducted focus groups with incarcerated persons currently living at Edna Mahan and asked them if they felt they were able to perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Most of their responses indicated they were afforded this right.

Lastly, the Monitor or her Associate interviewed several correctional staff and asked them specifically about incarcerated persons being able to perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Without exception, every correctional staff member interviewed was aware of this right of the incarcerated persons.

Paragraph 55 b:

Part of the 2020 New Jersey Revised Statutes Title 30 – Institutions and Agencies, Section 30:1B-46 – Policy to limit cross gender searches and surveillance in State Correctional facilities requires a verbal announcement to be made when correctional police officers or other employees of the opposite gender are in an area of the facility.

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment policy states, “All Staff of the opposite gender must announce their presence when entering a housing unit. Opposite gender announcements are required whenever staff entering the unit change the makeup of the unit from all staff who are the same gender as the incarcerated persons to inclusion of opposite gender staff. Upon entering the housing unit, opposite gender staff will announce "male/female on the floor" or staff name “on the floor.” All staff are restricted from entering restrooms and shower facilities of incarcerated persons of the opposite gender when occupied except in safety and security tours and checks”. This policy was revised on November 21, 2024.

NJDOC Policy CUS.001.SEA 001, Searches of Incarcerated Persons and Correctional Facilities, also states, “All Staff of the opposite gender must announce their presence when entering a housing unit. Opposite gender announcements are required whenever a staff member entering the unit has a different gender identity than the gender identity of any incarcerated person in the area. Upon entering the housing unit, opposite gender staff will announce "male/female on the floor" or staff name “on the floor.” All staff are restricted from entering restrooms and shower facilities of incarcerated persons of the opposite gender when occupied except in exigent circumstances and when viewing is incidental to routine safety and security tours and checks”. This policy was revised on November 21, 2024.

Each recently revised level 3 policy that gives direction to Housing Unit Officers includes a paragraph under the section of “Staff Announcements” that states, “When custody staff enter an incarcerated person housing unit, the custody staff person shall announce, for example, “male/female on unit” or “officer name “on unit”. The custody staff person shall document in the logbook that the announcement was made. Non-custody staff shall announce their presence when entering an incarcerated person housing unit by stating, for example, “male/female on unit” or “staff name on unit.” Additionally, these same level 3 policies say that “Opposite gender staff members are not allowed inside the shower area, except in exigent circumstances.”

The Monitor and her Associate interviewed several staff members. They asked them specifically about their responsibilities to announce their presence when entering a housing unit and before entering the shower or toilet areas, except in exigent circumstances. Without exception, every staff member interviewed was aware of this expectation. However, it should be noted that some IPs reported that some female staff do not always announce their presence in the housing units, particularly in the South Hall Dorm area.

During this past compliance visit, the Monitor and her Associate observed staff calling out, “Staff on wing” and/or “cameras activated” every time a staff member entered a housing unit.

Recommendations re G. Prisoner’s Right to Privacy at Edna Mahan ¶ 55:

EMCF trains all staff (both male and female) to announce their presence when entering a housing unit and before entering the shower or toilet areas.

I. Protecting Prisoners and Staff from Retaliation

- ¶ 64. NJDOC and Edna Mahan shall protect all Edna Mahan prisoners and staff who report allegations of sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other prisoners or staff and shall continue to designate Edna Mahan's PREA Compliance Manager with monitoring allegations of retaliation concerning prisoners.

Requirements:

- ¶ 59. NJDOC and Edna Mahan shall continue to provide a method for staff to privately report sexual abuse and sexual harassment of prisoners.

Monitor's Measure of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 64:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment"
- EMCF Level 3 policy regarding retaliation protection for staff and prisoners
- Completion of NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation) by EMCF PREA Compliance Manager for prisoners or staff who reported the sexual abuse of prisoners
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan specific to the retaliation of staff or prisoners for reporting an allegation
- Interviews with NJDOC Assistant Commissioner for Women's Services, EMCF Administrator, PREA Compliance Manager, Special Investigations Principal, and her staff
- Interviews with staff specific to their rights of protection from retaliation of reporting allegations of sexual abuse or sexual harassment
- Focus group with prisoners specific to their rights of protection from retaliation of reporting allegations of sexual abuse or sexual harassment

Steps taken by NJDOC and EMCF towards implementation re I. Protecting Prisoners and Staff from Retaliation ¶ 64:

2/24/25 Status Report

The information documented in the 8/24/24 status report remains accurate. Policy IMM.001.004, Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment, and Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," were both finalized on 2/1/24. These policies prioritize protection measures and support services for individuals who report incidents. NJDOC and EMCF are committed to promptly addressing subtle retaliation, ensuring accountability for staff actions, and fostering comprehensive awareness among staff and incarcerated persons.

Under IMM.001.004, NJDOC implements various personalized protection measures to prevent potential retaliation. These measures include housing changes, continuous video surveillance, and separating alleged abusers from victims. Additionally, emotional support services are available to address concerns about retaliation.

PCS.001.008 further emphasizes safeguarding against retaliation and requires monitoring of potential retaliatory actions. Oversight falls under the Institutional PREA Compliance Manager (IPCM), who conducts regular status checks and paper reviews for at least 90 days post-allegation. Disciplinary action is taken against anyone found to retaliate. Anyone who retaliates against a staff member or an incarcerated person who has reported an allegation of sexual abuse/harassment shall be subject to disciplinary action.

Monitoring for potential retaliation extends to both the victim and the individual who reported the incident. Third-party reporting by incarcerated persons or staff who directly witness incidents is also considered.

To access emotional support services, incarcerated persons can use the *PREA# number on the IP phone system, connecting them with SAFE Hunterdon. For staff members, confidential emotional support services are available through the 888-4BLUENJ (1.888.425.8365) hotline. Additionally, staff members have a confidential reporting route for allegations of sexual abuse or harassment.

The IPCM has integrated information on protection against retaliation, including subtle retaliation on forms and into incarcerated persons' PREA education and orientation. Staff receive monthly PREA updates covering various topics, including retaliation. A question specific to subtle retaliation has been included in the retaliation monitoring form.

Regular communication channels, such as newsletters on the kiosk from the IPCM for incarcerated persons and attending staff PREA trainings, facilitate discussions on retaliation prevention and awareness.

To enhance transparency, a tracking system for retaliation monitoring is in place, and incarcerated persons are notified of case closures and investigation outcomes. Additionally, a process has been established to report back to SAAC members on completed recommendations or corrective actions. Bulletin boards in housing units display information on sexual safety rights and emotional support services, consolidating resources in one accessible location.

NJDOC takes retaliation seriously and has enhanced communication to ensure everyone is informed.

Monitor's Finding of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 64:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re I. Protecting Prisoners and Staff from Retaliation ¶ 64:

DOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "NJDOC protects all incarcerated persons and staff from retaliation for reporting sexual abuse, sexual harassment or for cooperating with investigations. The IPCM is responsible for monitoring retaliation of all PREA allegations." This policy was revised on November 21, 2024.

Additionally, NJDOC Policy IMM.001.004, titled, Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment states "The NJDOC employs multiple protection measures against potential retaliation. Protection measures are utilized on an individualized basis. They include but are not limited to: housing changes or transfers for incarcerated person abusers, constant video surveillance with audio recording, removal of alleged staff or Incarcerated person abusers from contact with victims, and emotional support services for incarcerated Persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The IPCM is responsible for retaliation monitoring at the facility-level. The correctional facility's IPCM shall, for at least 90 days following a report of sexual abuse/harassment monitor the conduct and treatment of incarcerated persons or staff who reported to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any such retaliation. This monitoring will include review of any incarcerated person disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. In the case of incarcerated persons, this monitoring will also include periodic status checks. The monitoring

obligation will terminate if the investigative outcome of the allegation is unfounded. However, if a staff person or incarcerated person expresses fear of retaliation, they must be monitored even if the allegation was unfounded.

Anyone who retaliates against a staff member or an incarcerated person who has reported an allegation of sexual abuse/harassment shall be subject to disciplinary action.” This Level 1/3 policy was revised on February 1, 2024.

NJDOC and Edna Mahan staff maintain and have submitted a copy to DOJ and the Monitor, a spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. During this reporting period (August 25, 2024 – February 24, 2025), there were 2 cases of alleged retaliation; both cases were deemed unfounded. During the last reporting period, there were 5 cases of retaliation reported. One case was found to be substantiated, two (2) cases were found to be unsubstantiated, and three (3) cases were deemed unfounded.

The Monitor spoke with Assistant Superintendent Amelia Renshaw, the Edna Mahan PREA Compliance Manager, regarding how the facility protects incarcerated persons and staff who report allegations of sexual abuse or sexual harassment from retaliation. She reported she monitors possible retaliation, including subtle retaliation, by conducting four reviews with the person. Two reviews are in-person reviews, and two are “paper” reviews. This information is documented in the retaliation log. For staff, she monitors any unusual shift schedule changes or assignments that may cause suspicion. For incarcerated individuals, she monitors housing changes, grievances, infractions, and other relevant matters. She also noted that the 90-day monitoring period may be extended if circumstances warrant it. During this reporting period, four (4) incarcerated persons asked to extend their monitoring past the routine 90-day monitoring period. Three of these cases were allegations that one IP filed against another IP. One of the cases was a sexual harassment allegation that an IP filed against a staff person. The Monitor’s Assistant spoke with these four persons and asked why they felt their monitoring needed to be extended. They responded that they just wanted to ensure their personal safety and felt safer knowing someone was monitoring them for retaliation.

The Monitor or her Associate spoke with approximately 60 staff members, including custody, non-custody (both line staff and supervisors), Sergeants, Lieutenants, Majors, and Administration, and asked them to define their understanding of subtle retaliation. Every person spoken with was able to give an example of subtle retaliation, and all knew that it was inappropriate. When asked directly, no staff said that they had seen or heard of any incidents of retaliation during this past reporting period. Some staff noted that “they wouldn’t risk their job or pension by retaliating against an IP for reporting.” A few staff members acknowledged that they were aware that a staff person had been demoted and transferred out of EMCF due to a substantiated allegation of retaliation (The Monitor reported this incident to the Court in a past compliance report). Those staff members said the consequences of being found guilty of retaliation were not worth the behavior.

The Monitor or her Associate conducted four (4) focus groups with incarcerated persons. Like the staff discussions, participants understood that retaliation was unacceptable, but many believed it still occurred. Each group was asked if they had heard of anyone experiencing retaliation, even subtle forms, for reporting sexual abuse or harassment in the past six months. While no one could provide a specific example from that timeframe, many felt that subtle retaliation was occurring. One IP said she felt that staff “know how much they can get away with without getting in trouble.” Some IPs described ways they believed they had been retaliated against, including officers making “smart remarks,” staring at them, and changing their behavior toward them.

The Monitor interviewed 10 incarcerated persons who filed an allegation of sexual assault against a staff person during this past reporting period. Each person was explicitly asked how their experience reporting an allegation was for them. Additionally, they were asked if they felt respected during the report and investigation process, and if they believed they had been retaliated against for filing an allegation. Most of the IPs reported feeling “heard” and said they were treated fairly and respectfully by the Special Investigations Division (SID) staff.

One person who had filed an allegation during this reporting period filed a report of retaliation. That investigation is currently being conducted.

A second person who had filed an allegation previously to this reporting period felt she had been retaliated against when the Officer “banged hard” on her dresser to wake her up. The IP claimed that this is not how the Officer woke up other IPs. This concern was examined, and SID determined that it was not a case of retaliation. The Officer explained that he tried to wake the IP up, but she was under the covers with headphones on her ears. The Officer said he had to bang on her dresser to wake the IP up. It is worth noting that the Monitor felt this should have been investigated as a PREA retaliation claim.

A third IP felt retaliated against after the officer she had filed a PREA allegation against denied her request to bring craft items into the facility. However, upon review, the Monitor found that the IP had received a disciplinary infraction, which made her ineligible to bring in craft items. Facility policy requires IPs to remain infraction-free for one year before they can have craft items approved. Again, it was determined that it was not a case of retaliation, although the Monitor feels this should have been investigated as a PREA retaliation claim.

In the discussion of this paragraph in the September 2024 compliance report, the Monitor noted that five persons felt they had been retaliated against. Still, no one had filed a report of retaliation. The Monitor asked that each situation be investigated. As a reminder, under the PREA standards, the definition of substantiated is an allegation that was investigated and determined to have occurred by a preponderance of the evidence (i.e., it is more likely than not that the allegation occurred). The definition of

unsubstantiated means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. The definition of unfounded is an allegation that was investigated and determined not to have occurred. The situation and findings are as follows.

- Two persons who received a disciplinary infraction for their behaviors surrounding the alleged PREA incident reported they were told, “If they drop the PREA charges, we’ll drop the disciplinary infraction.” Both of these cases were investigated and found to be unfounded.
- One person claimed that she was removed from one area of food service and put in another area that doesn’t involve cooking. The Monitor is concerned that this allegation was not investigated as a PREA retaliation claim, and instead was categorized as not a PREA complaint. Additionally, she reported that a supervisor came up behind her with his hands up and said, “Don’t PREA me. I’m coming up behind you”. The incarcerated person felt that both were acts of retaliation. This allegation was investigated and was found to be unsubstantiated.
- One person reported that Spanish speaking COs who used to speak to her in Spanish wouldn’t speak Spanish to her anymore; they would say, “Speak to me in English.” This allegation was investigated and found to be unsubstantiated.
- One person claimed that the alleged perpetrator and one other officer threw her TV on the ground after she reported. This allegation was investigated and deemed unfounded.
- One IP claimed she was in one Restricted Housing Unit (RHU) building when she reported and was then moved to an RHU in another building after a few days. This allegation was investigated and deemed to be unfounded.

Additionally, during the last compliance visit (September 2024), the Monitor interviewed two incarcerated persons who had filed an allegation of retaliation. Both cases were investigated; one was deemed unfounded, and the other was deemed unsubstantiated.

NJDOC and Edna Mahan have made commendable efforts to address retaliation, including subtle forms of it. The work of the NJDOC and Edna Mahan in educating both staff and incarcerated individuals about retaliation, along with their existing monitoring efforts, is admirable. Furthermore, the fact that incarcerated individuals continue to file allegations of retaliation indicates they understand what retaliation is, are aware they are protected against all forms of it, including subtle retaliation, and know how to report such incidents.

During an SID interview, an IP alleged that she was written up for disciplinary charges because she threatened to file PREA charges against officers after a strip search. During the compliance visit, the Monitor and/or her associate interviewed five additional IPs who expressed specific concerns about retaliation:

- One IP said that, just before the interview with the Monitor, an officer made a comment indicating that he did not appreciate the PREA allegations made against him. The IP stated that, in general, officers engage in retaliation that is subtle in order to avoid getting in trouble. She did not report this specific incident because she did not want any problems and instead wanted to “focus on getting home.” She planned to “just stay away from [the officer].”
- A second IP complained that, after a PREA complaint was filed, a correction officer said, “you’re a liar” when she asked for an envelope, while another officer reportedly called her a “whistleblower” during a medical transport.
- A third IP stated that after making a PREA complaint, she got blue sheets, referring to an increase in minor disciplinary charges.
- A fourth IP stated that officers have made comments about her PREA allegations and believes that her cell was once “wrecked.”
- A fifth IP stated that there is a continuing fear of retaliation among some of the IP population, even though she had not experienced any retaliation in this reporting period. She explained that IPs that do not want problems stay quiet instead.

It is important to note that the above concerns were not reported, and thus not investigated during this reporting period. During the compliance visit, some IPs did not feel that retaliation was an issue. For example, in one focus group at the Satellite Building, the IPs stated that they do not experience retaliation or subtle forms of retaliation. The Monitor and/or her associate interviewed several IPs who expressed similar views.

As with all allegations of sexual abuse and misconduct, every report of retaliation is investigated. The Monitor believes that EMCF has done a good job of establishing processes to investigate and address reported instances of retaliation. However, there is concern that, in some instances, cases are determined “not to meet the retaliation criteria” and are, therefore, not investigated as a PREA retaliation claim.

Sadly, it is an unfortunate reality of prison culture that some incarcerated individuals will always feel they are being retaliated against, and some form of retaliation is likely to persist. The Monitor believes EMCF has done a good job of communicating to staff and incarcerated individuals that retaliation is forbidden. Additionally, EMCF has established adequate processes to monitor, investigate, and address incidents of retaliation. The Monitor does believe that subtle forms of retaliation continue to occur. However, at this point, the primary action remaining is to continue addressing and holding staff accountable for any act of retaliation.

Recommendations re I. Protecting Prisoners and Staff from Retaliation ¶ 64:

It is recommended that EMCF continue to concentrate on the issue of retaliation and hold any staff accountable for any act of retaliation.

It is recommended that any allegations of retaliation that are potentially related to a PREA complaint, even if they do not independently fit the criteria of a PREA retaliation complaint, should be reported to the Monitor and the Department of Justice pursuant to the protocol of Paragraph 109.

I. Protecting Prisoners and Staff from Retaliation

- ¶ 65. NJDOC and Edna Mahan shall employ multiple protection measures, such as housing changes or transfers for alleged prisoner victims, removal of alleged staff abusers from contact with victims, and emotional support services for prisoners or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Requirements:

- ¶ 59. NJDOC and Edna Mahan shall continue to provide a method for staff to privately report sexual abuse and sexual harassment of prisoners.

Monitor's Measure of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 65:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment."
- EMCF Level 3 policy regarding retaliation protection for staff and prisoners
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet should identify what steps were taken to protect the alleged victim (removal of alleged staff abusers from contact with victims, etc.)
- Review of Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive
- Documentation that information for emotional support services were provided to both staff and prisoners who fear retaliation for reporting (888-4BLUENJ hotline offering mental health resources to Corrections Staff)
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan specific to the retaliation of staff or prisoners for reporting an allegation
- Interview with EMCF Compliance Manager regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment
- Interviews with staff regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment
- Focus group with prisoners regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment

Steps taken by NJDOC and EMCF towards implementation re I. Protecting Prisoners and Staff from Retaliation ¶ 65:

2/24/25 Status Report

The information documented in prior status reports remains accurate. Policy IMM.001.004, Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment, and Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," both finalized on 2/1/24, prioritize protection measures and support services for those who report incidents.

Under IMM.001.004, NJDOC implements various individualized protection measures to prevent potential retaliation. These measures include housing changes, continuous video surveillance, and the separation of alleged abusers from victims. Additionally, emotional support services are available for individuals concerned about retaliation.

PCS.001.008 further underscores the importance of safeguarding against retaliation and mandates the monitoring of potential retaliatory actions. Oversight of this monitoring falls under the Institutional PREA Compliance Manager (IPCM), who conducts regular status checks and paper reviews for at least 90 days post-allegation. Disciplinary action is taken against anyone found to retaliate against individuals reporting incidents.

Monitoring for potential retaliation extends to both the victim and the individual who reported the incident. While staff members relaying reports from incarcerated persons are not included in this monitoring, third-party reporting by incarcerated persons or staff who directly witness incidents is considered.

To access emotional support services, incarcerated persons can utilize the *PREA# number on the IP phone system, connecting them with SAFE Hunterdon, an agency offering trauma-informed services and resources for survivors of domestic violence and sexual assault.

For staff members, confidential emotional support services are available through the 888-4BLUENJ (1.888.425.8365) hotline, manned by corrections-trained experts. This hotline ensures confidentiality and provides mental health resources to corrections staff and their families.

Additionally, staff members have a confidential reporting route for allegations of sexual abuse or harassment, with the option to contact an SID Investigator or the PREA Compliance Manager directly. This ensures confidentiality and independence from colleagues or immediate supervisors.

A comprehensive training curriculum was developed to review all new revisions and updates within the specified agreement timelines. The training commenced in January 2025 with EMCF staff.

Monitor's Finding of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 65:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re I. Protecting Prisoners and Staff from Retaliation ¶ 65:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "The NJDOC employs multiple protection measures against potential retaliation. Protection measures are utilized on an individualized basis. They include but are not limited to: housing changes or transfers for incarcerated person abusers, constant video surveillance with audio recording, removal of alleged staff or incarcerated person abusers from contact with victims, and emotional support services for incarcerated persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This policy was revised on November 21, 2024.

During this past onsite compliance visit, the Monitor's Associate, reviewed the Completion of the NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation) completed by the EMCf PREA Compliance Manager for persons who reported allegations of sexual abuse or sexual harassment. The Associate also reviewed Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive.

The Monitor has received copies of an NJDOC newsletter titled the Fact Finder, which goes out to all staff. This monthly newsletter mentions the 888-4BLUENJ hotline offering mental health resources to Corrections Staff. This includes emotional support for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

In terms of emotional support for incarcerated persons who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, the Monitor reviewed a pamphlet that is made available to everyone who lives at Edna Mahan titled, "NJDOC PREA: External Emotional Support Services for Victims of Sexual Abuse." This pamphlet, which is available in both Spanish and English, notified the incarcerated population that they have access to external sexual abuse emotional support services. It also tells the incarcerated persons that they may access these services even if they do not wish to make a report of sexual abuse. It notifies how the services can be accessed and provides the telephone system phone number *PREA#. It also notes that calls to the PREA Emotional Support Line are free and are classified as confidential.

Additionally, the Monitor reviewed the revised (revised in January 2024) Edna Mahan Incarcerated Person's Handbook, which says the following: NJDOC IPs have access to external sexual abuse emotional support services. IPs may access these services even if they do not wish to make a report of sexual abuse. External sexual abuse services can be accessed via the IP telephone system by dialing: *PREA#

Calls to the PREA Emotional Support Services Line are free and confidential. However, the service provider will notify the NJDOC if an IP communicates a threat of imminent harm against self or others.

PREA Emotional Support services are provided by external sexual abuse victim advocates who can assist in crisis intervention, provide information and offer support to anyone who has questions or is looking for information about sexual violence.

If someone is not comfortable making a call from their housing unit, they can contact the IPCM or social worker to assist with privacy concerns. IPs at this correctional facility may also request external sexual abuse emotional support services/information by writing to:

SEXUAL ABUSE EMOTIONAL SUPPORT SERVICES

SAFE in Hunterdon
47 East Main Street
Flemington, NJ 08822

SEXUAL ABUSE SURVIVOR INFORMATION PACKET

Just Detention International
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

The Monitor spoke with Assistant Superintendent Amelia Renshaw, the Edna Mahan PREA Compliance Manager, regarding how the facility protects incarcerated persons and staff who report allegations of sexual abuse or sexual harassment from retaliation. She reported she monitors possible retaliation, including subtle retaliation, by conducting four reviews with the person. Two reviews are in-person reviews, and two are "paper" reviews. This information is documented in the retaliation log. For staff, she monitors any unusual shift schedule changes or assignments that may cause suspicion. For incarcerated persons, she monitors housing changes, grievances, infractions, etc. She also noted that the 90-day monitoring period may be extended if circumstances warrant it. As noted above, during this reporting period, four individuals requested that their monitoring be extended beyond the 90-days.

The Monitor's Associate spoke with all four (4) of those IPs and asked them why they requested an extension to their retaliation monitoring. All reported that they felt extended monitoring would ensure their continued safety.

Recommendations re I. Protecting Prisoners and Staff from Retaliation ¶ 65:

It is recommended that NJDOC and Edna Mahan continue to employ multiple protection measures against any form of retaliation and hold any staff accountable for any acts of retaliation.

I. Protecting Prisoners and Staff from Retaliation

- ¶ 66. Whenever NJDOC or Edna Mahan receive an allegation that an Edna Mahan staff member has engaged in sexual abuse or sexual harassment, Edna Mahan's PREA Compliance Manager and Administrator shall confer to determine whether the staff should be removed from positions of prisoner contact at Edna Mahan until an investigation is concluded. Edna Mahan's PREA Compliance Manager shall document the decision and forward the conclusion to the Department-wide PREA Coordinator.

Requirements:

- ¶ 59. NJDOC and Edna Mahan shall continue to provide a method for staff to privately report sexual abuse and sexual harassment of prisoners.

Monitor's Measure of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 66:

- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet should identify what steps were taken to protect the alleged victim (removal of alleged staff abusers from contact with victims, etc.)
- Paragraph 109 notifications of an incident to DOJ and Monitor. The notifications note what steps were taken to protect the alleged victim (removal of alleged staff abusers from contact with victims, etc.)
- Monitor will review the documentation sent to NJDOC PREA Coordinator from EMCF PREA Compliance manager, during on site visit.
- Interview with EMCF Administrator regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment
- Interview with EMCF PREA Compliance Manager regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment
- Focus group with prisoners regarding protection measures from retaliation of reporting allegations of sexual abuse or sexual harassment

**Steps taken by NJDOC and EMCF towards implementation re I. Protecting Prisoners and Staff from Retaliation ¶ 66:
2/24/25 Status Report**

The information documented in prior status reports remains accurate. Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," was finalized on 2/1/24. Under this policy, when the NJDOC becomes aware of an incarcerated person

facing a substantial risk of imminent sexual abuse, immediate action is taken to safeguard them using various protection methods. These methods include housing changes or transfers for alleged incarcerated person abusers, constant video surveillance with audio recording, and/or removing alleged staff abusers from contact with victims. Additionally, the NJDOC commits to conducting thorough investigations and prosecuting individuals involved in such conduct as necessary. In cases where allegations of sexual abuse or harassment involving staff members arise, the Institutional PREA Compliance Manager (IPCM) and Administrator or their designee collaborate to determine whether the staff should be temporarily reassigned from positions involving incarcerated persons until the investigation is concluded. The IPCM then notifies the Agency PREA Coordinator of the temporary reassignment via email.

A comprehensive training was developed to review all new revisions and updates within the specified agreement timelines. The training commenced in January 2025 with EMCF staff.

Monitor's Finding of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 66:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re I. Protecting Prisoners and Staff from Retaliation ¶ 66:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "Whenever NJDOC receives an allegation that a staff member(s) has engaged in sexual abuse or sexual harassment, the IPCM and Administrator or Administrator designee shall confer to determine whether the staff should be removed from positions of incarcerated person contact until an investigation is concluded. The IPCM shall forward the temporary reassignment notification via email to the Agency PREA Coordinator." This policy was revised on November 21, 2024.

NJDOC and Edna Mahan staff maintain and have submitted a copy to DOJ and the Monitor, a spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. This spreadsheet also identifies whether the staff were removed from positions of prisoner contact at Edna Mahan until the investigation is completed. During this reporting period (August 25 – February 24), Edna Mahan had 30 allegations of sexual abuse, sexual harassment, or retaliation. Of all these allegations, nine employees were removed from their positions while the allegations were being investigated. Some cases involved multiple victims, while others did not identify the alleged perpetrator, which accounts for the relatively low number of employees removed from their positions during the

investigation of the allegation(s). This does not necessarily mean they were removed entirely from EMCF. They may have been moved to a different location in the facility to avoid having contact with the alleged victim.

Since August 24, 2021, NJDOC has notified the DOJ and the Monitor of any incident or allegations of sexual abuse or retaliation and injury requiring emergency medical attention related to an allegation of sexual abuse. The notices included the status of the housing assignment for the alleged victim and any restrictions on assignments for staff.

The Monitor has spoken with Edna Mahan Administrator Ryan O'Dea to understand how he and the Edna Mahan PREA Compliance Manager determine whether staff accused of sexual abuse, sexual harassment, or retaliation should be removed from positions involving prisoner contact during an investigation. He explained that the decision depends on the seriousness of the allegation, with the safety of the alleged victim being his primary concern. Administrator O'Dea has the authority to remove the accused staff member from the entire facility, the specific area where the alleged victim resides (such as maximum security or the Satellite building) the victim's housing unit, or any position involving prisoner contact. He also mentioned that reviewing stationary and body-worn camera footage assists in making these decisions.

When the Administrator is away from the office, Associate Administrator Fusaro decides whether to remove staff from their position. When asked what he considered when making such a decision, he reported the same considerations that Administrator O'Dea did, stating that "the safety of the incarcerated person is paramount."

Recommendations re I. Protecting Prisoners and Staff from Retaliation ¶ 66:

No recommendation

I. Protecting Prisoners and Staff from Retaliation

¶ 67. NJDOC and Edna Mahan shall monitor all prisoners and staff who report sexual abuse or sexual harassment and prisoners who have been reported to have suffered or cooperated with sexual abuse or sexual harassment investigations from retaliation by other prisoners or staff for at least 90 days following a report of sexual abuse or sexual harassment, to see if there are changes that may suggest possible retaliation by prisoners or staff, including prisoner disciplinary reports, housing or program changes, and negative performance reviews or reassignments, and shall act promptly to remedy any such retaliation.

Requirements:

Monitor's Measure of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 67:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment"
- EMCF Level 3 policy regarding retaliation protection for staff and prisoners
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet should identify what steps were taken to protect the alleged victim (removal of alleged staff abusers from contact with victims, etc.)
- Semi-annual report (beginning April 5, 2022, for the last quarter of 2021 and first quarter of 2022), to the DOJ and Monitor identifying any staff or prisoner who had signs of retaliation, any person whose monitoring was extended beyond the 90 days, or any other individual who cooperates with an investigation that expressed a fear of retaliation
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan specific to the retaliation of staff or prisoners for reporting an allegation
- Review of Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive during on-site visit
- Review of retaliation tracking log maintained by EMCF PREA Compliance Manager during on-site visit
- Interview with EMCF Administrator regarding retaliation protection for staff and prisoners
- Interview with EMCF PREA Compliance Manager regarding retaliation protection for staff and prisoners

Steps taken by NJDOC and EMCF towards implementation re I. Protecting Prisoners and Staff from Retaliation ¶ 67:

2/24/25 Status Report

The information documented in the 8/24/24 status report remains accurate. Policy IMM.001.004, the Zero Tolerance Policy for Prison Sexual Abuse and Sexual Harassment, and Policy PCS.001.008, titled "Prevention, Detection, Response to Sexual Assault and Harassment," were both finalized on 2/1/24. These policies prioritize protecting against and monitoring retaliation for reporting sexual abuse or harassment.

Under IMM.001.004, the Institutional PREA Compliance Manager (IPCM) is responsible for monitoring retaliation at the facility level. This involves monitoring the conduct and treatment of incarcerated persons or staff who report incidents for at least 90 days following a report to detect and promptly address any potential retaliation. Monitoring includes reviewing disciplinary reports, housing or program changes, and performance reviews. This monitoring continues beyond 90 days if necessary, especially if there are indications of ongoing retaliation. Even if the investigative outcome is unfounded, monitoring continues if there are fears of retaliation expressed by staff or incarcerated persons. Any retaliation against individuals reporting incidents is subject to disciplinary action, and emotional support services are available for those who fear retaliation (ex: SAFE Hunterdon for IPs and Staff, 4BlueNJ for staff).

Pursuant to PCS.001.008, the IPCM conducts retaliation monitoring for the victim and, if applicable, the individuals who reported the allegation. This monitoring includes face-to-face meetings and paper reviews conducted at least twice within 90 days post-allegation. All reviews are documented using the NJDOC PREA Retaliation Monitoring Form, with ongoing monitoring required if retaliation is found and cannot be resolved within the initial 90-day period.

The EMCF Institutional PREA Compliance Manager (IPCM) issued a PREA Newsletter to all incarcerated persons in November 2024 reviewing the definition of “retaliation”, inclusive of examples of retaliation and the difference between retaliation and rule enforcement.

The EMCF IPCM continues to communicate with IPs, during both the 90-day retaliation monitoring process and in instances of unfounded or unsubstantiated allegations, the difference between retaliation and the enforcement of rules and regulations.

A comprehensive training curriculum was developed to review all new revisions and updates within the specified agreement timelines. The training commenced in January 2025 with EMCF staff.

Monitor’s Finding of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 67:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor’s Discussion re I. Protecting Prisoners and Staff from Retaliation ¶ 67:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, “ For at least 90 days following report of sexual abuse or sexual harassment allegation, the IPCM will monitor the conduct and treatment of the reporting

incarcerated person or staff by way of periodic status checks. The IPCM will use the NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation). The IPCM will provide a copy of this form to the incarcerated person and request the incarcerated person sign it. A copy of the signed form, or documented refusal to sign, will be maintained by the IPCM and placed in Folder 115.67 on the DOCNet I-Drive.

Retaliation monitoring shall be an ongoing process for 90 days post allegation. NJDOC requires at least 2 face to face meetings and 2 paper reviews to be conducted within those 90 days. These must be done on separate instances, with one face to face and one paper review being in the first 45 days and one face to face and one paper review in the second 45 days. All four reviews must be conducted for each individual.

- Paper reviews include reviewing of disciplinary reports, program changes, housing changes, performance evaluations, staff reassignments and JPay inquiries/grievances.
- Each face to face meeting must have signature of staff or incarcerated person located on the 2nd page. Refusal of incarcerated persons to sign the form will be documented. IPCM signature is required at the end of the 90 days.
- If retaliation is found and cannot be corrected within the 90 days, continued monitoring is expected in 30 day intervals until the retaliation is addressed and resolved.”

This policy was revised on November 21, 2024.

Additionally, NJDOC Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Assault states, “The IPCM is responsible for retaliation monitoring at the facility-level. The correctional facility’s IPCM shall, for at least 90 days following a report of sexual abuse/harassment monitor the conduct and treatment of Incarcerated Persons or staff who reported to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any such retaliation. This monitoring will include review of any Incarcerated Person disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. In the case of Incarcerated Persons, this monitoring will also include periodic status checks. The monitoring obligation will terminate if the investigative outcome of the allegation is unfounded. However, if a staff person or Incarcerated Person expresses fear of retaliation, they must be monitored even if the allegation was unfounded.’ This Level 1/3 policy, was revised on July 1, 2023.

During this most recent compliance visit, the Monitor’s Associate reviewed the Completion of NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation) completed by the current EMCF PREA Compliance Manager for incarcerated persons or staff who reported the sexual abuse of incarcerated persons. The Associate also reviewed Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive.

The Monitor discussed with Edna Mahan Administrator Ryan O’Dea how the facility safeguards individuals who assist in an investigation and voice concerns about retaliation. He explained the protective measures outlined in the policy and added that any

staff member accused of retaliating against an incarcerated person will be removed from roles involving contact with them. During this reporting period, there were six (6) allegations of retaliation.

The Monitor also spoke with Assistant Superintendent Amelia Renshaw, the Edna Mahan PREA Compliance Manager, about how the facility protects individuals who assist with an investigation and express concerns about retaliation. She explained that they monitor for potential retaliation, including subtle forms, through four reviews with the individual, two conducted in person and two through documentation. Assistant Superintendent Renshaw emphasized that when she speaks directly with the IP, she asks whether they have experienced any subtle forms of retaliation, such as selective rule enforcement. These reviews are recorded in the retaliation log. In addition to speaking with the IP, IPCM Renshaw monitors various factors for incarcerated individuals, including housing changes, grievances, infractions, and excessive searches. For staff, she monitors any unusual changes in shift schedules or job assignments that might raise concerns.

During this most recent compliance visit, the Monitor's Associate reviewed the retaliation tracking log maintained by the PREA Compliance Manager. As previously noted, four incarcerated persons requested extensions of their retaliation monitoring during this reporting period.

Recommendations re I. Protecting Prisoners and Staff from Retaliation ¶ 67:

No recommendation

I. Protecting Prisoners and Staff from Retaliation

¶ 68. If any other individual who cooperates with an investigation expresses a fear of retaliation, NJDOC and Edna Mahan shall take measures they deem appropriate to protect that individual against retaliation.

Requirements:

Monitor's Measure of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 68:

¶ 67 & ¶ 68

- NJDOC Policy Statement Number 001.008 “Prevention, Detection and Response of Sexual Abuse and Harassment”
- EMCF Level 3 policy regarding retaliation protection for staff and prisoners
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet should identify what steps were taken to protect the alleged victim (removal of alleged staff abusers from contact with victims, etc.)
- Semi-annual report (beginning April 5, 2022, for the last quarter of 2021 and the first quarter of 2022), to the DOJ and Monitor identifying any staff or prisoner who had signs of retaliation, any person whose monitoring was extended beyond the 90 days, or any other individual who cooperates with an investigation that expressed a fear of retaliation
- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan specific to the retaliation of staff or prisoners for reporting an allegation
- Review of Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive during on-site visit
- Review of retaliation tracking log maintained by EMCF PREA Compliance Manager during on-site visit
- Interview with EMCF Administrator regarding specific measures they have taken to protect an individual against retaliation
- Interview with EMCF PREA Compliance Manager regarding specific measures they have taken to protect an individual against retaliation

Steps taken by NJDOC and EMCF towards implementation re I. Protecting Prisoners and Staff from Retaliation ¶ 68:

2/24/25 Status Report

The information documented in the 8/24/24 status report remains accurate. Policy IMM.001.004 Zero Tolerance Policy: Prison Sexual Abuse and Sexual Harassment and Policy PCS.001.008, "Prevention, Detection, Response to Sexual Assault and Harassment," both finalized on 2/1/24, prioritize protection against and monitoring of retaliation for reporting sexual abuse or sexual harassment.

Under IMM.001.004, protection measures are utilized on an individualized basis. They include but are not limited to: housing changes or transfers for incarcerated person abusers, constant video surveillance with audio recording, removal of alleged staff or Incarcerated person abusers from contact with victims, and emotional support services for incarcerated Persons or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Institutional PREA Compliance Manager (IPCM) oversees retaliation monitoring, ensuring prompt action to address any signs of retaliation against individuals who report incidents. This monitoring continues for at least 90 days post-allegation and may extend beyond if necessary, with periodic status checks and documentation to ensure accountability.

Similarly, PCS.001.008 emphasizes the protection of all individuals from retaliation and mandates monitoring of any potential retaliatory actions. The IPCM is tasked with conducting thorough monitoring, including face-to-face meetings and paper reviews, to track any indicators of retaliation. Documentation and follow-up actions are essential to address and resolve instances of retaliation promptly and effectively.

The EMCF IPCM continues to communicate with IPs, during both the 90-day retaliation monitoring process and in instances of unfounded or unsubstantiated allegations, the difference between retaliation and the enforcement of rules and regulations.

A comprehensive training curriculum was developed to review all new revisions and updates within the specified agreement timelines. The training commenced in January 2025 with EMCF staff.

Monitor's Finding of Compliance re I. Protecting Prisoners and Staff from Retaliation ¶ 68:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re I. Protecting Prisoners and Staff from Retaliation ¶ 68:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "Any individual who cooperates with the investigation (including witnesses, perpetrators, staff, etc.) has the ability to express their concerns of retaliation and will be monitored for their potential retaliation using the same procedure noted above."

NJDOC and Edna Mahan staff maintain and have submitted a copy to DOJ and the Monitor, a spreadsheet documenting all allegations of sexual abuse, sexual harassment, and retaliation for reporting. During this recent compliance visit, the Monitor's Associate reviewed the Completion of NJDOC PREA Retaliation Monitoring Form (FORM-PREA.AC Retaliation) completed by the current EMCF PREA Compliance Manager for incarcerated persons or staff who reported the sexual abuse. The Associate also reviewed Folder 115.67 (which maintains all PREA Retaliation Forms) on the New Jersey DOCNet I-Drive.

The Monitor spoke with Assistant Superintendent Amelia Renshaw, the Edna Mahan PREA Compliance Manager, about how the facility protects individuals who assist in investigations and express concerns about potential retaliation. She explained that the primary method is to communicate directly with the individual. If there is any indication that the person fears retaliation, the matter is referred to the Special Investigations Division for a new investigation. Assistant Superintendent Renshaw also noted that she continues to ask the incarcerated person being monitored whether they have experienced any subtle forms of retaliation, such as selective enforcement of rules.

During this most recent compliance visit, the Monitor's Associate reviewed the retaliation tracking log maintained by the EMCF PREA Compliance Manager. It is worth noting that there were no instances where an individual who cooperated with an investigation expressed a fear of retaliation during this reporting period.

Recommendations re I. Protecting Prisoners and Staff from Retaliation ¶ 68:

No recommendation

K. Referrals and Investigations

NJDOC and Edna Mahan shall ensure that all allegations of sexual abuse and sexual harassment at Edna Mahan are promptly, thoroughly, and objectively investigated and appropriately referred for prosecutorial review, and that alleged victims are advised of the outcome of their allegations. Accordingly:

- ¶ 75 Edna Mahan investigators shall continue to investigate allegations of sexual abuse or sexual harassment, consistent with NJDOC policy and New Jersey law. Edna Mahan will continue to refer allegations of sexual abuse and sexual harassment to local prosecutors as appropriate.

Requirements:

- ¶ 76 The provisions in this section that provide deadlines for NJDOC or Edna Mahan's issuance of an investigative report following an allegation of sexual abuse or harassment apply only to administrative investigations undertaken solely by NJDOC or Edna Mahan, and do not apply to criminal investigations undertaken by the prosecutors in collaboration with NJDOC or Edna Mahan.

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 75:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment" specific to criminal and administrative agency investigations.
- Special Investigations Division Internal Management Procedures #035, "Investigation Procedures"
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet identifies which investigations are undertaken by the prosecutors and which are investigation by NJDOC.
- Interview with EMCf PREA Compliance Manager regarding referring allegations of sexual abuse and sexual harassment to local prosecutors.
- Interview with EMCf Special Investigations Principle regarding referring allegations of sexual abuse and sexual harassment to local prosecutors.

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 75:

2/24/25 Status Report

The information documented in prior status reports remains accurate. Policy PCS.001.008, titled "Prevention, Detection, Response to Sexual Assault and Harassment," finalized on 2/1/24, along with SID IMP #035 Investigation Procedures, finalized on 12/21/23, include procedural information requiring that all allegations of sexual abuse or sexual harassment are promptly, thoroughly, and objectively investigated and, where applicable, investigations are referred to the relevant Prosecutor's Office. Additionally, incarcerated persons under the custody of the NJDOC are informed of the investigative findings following a PREA investigation in which they were complainants. Each facility's SID investigation report for PREA cases undergoes review by both the facility-level Sexual Abuse Advisory Council (SAAC) and the Central Office SAAC.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 75:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 75:

Standard 115.22, NJDOC assigns to the SID the responsibility of investigating violations of the laws of the United States, the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A), New Jersey Criminal Code Title 2C and NJDOC policies and procedures by incarcerated persons, staff, contractors, volunteers, and other individuals who visit NJDOC facilities. Investigations will occur in a prompt, thorough, and objective manner for all allegations, including third-party and anonymous reports.

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, states, "NJDOC assigns to the Special Investigations Division 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 incarcerated persons, staff and other individuals who visit NJDOC facilities. In instances where an investigation that originated as a PREA allegation has been determined, through the investigative process, not to be PREA related, such cases will be referred to Administration to address whether any other appropriate action should be taken. NJDOC's Special Investigations Division, which is a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse. This policy was revised on November 21, 2024.

The Special Investigations Division Internal Management Procedures #035, “Investigation Procedures” states, “The New Jersey Department of Corrections (“NJDOC”) assigns the Special Investigations Division (“SID”) the responsibility of investigating violations of the laws of the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A) and NJDOC policies and procedures by incarcerated persons, employees and other individuals who visit NJDOC facilities.” Specific to “Investigation Procedures” IMP #035 also states, “When an investigation appears to involve criminal conduct, notification should be made as soon as possible to the SID Assistant Commissioner or designee and the applicable County Prosecutor’s Office or the Attorney General’s Office of Public Integrity and Accountability. SID shall cooperate with any joint investigation undertaken with any outside law enforcement agency. This revised Special Investigations Division Internal Management Procedures #035 was finalized on December 21, 2023. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

NJDOC and Edna Mahan personnel keep and have provided the DOJ and the Monitor with a spreadsheet tracking all reports of sexual abuse, sexual harassment, retaliation for reporting, and staff misconduct or negligence related to these events. This document records the date local prosecutors were informed of each incident, the prosecutors' decision on who will conduct the investigation, and, if the Hunterdon County Prosecutor's Office declines to pursue criminal charges, the date the case is sent back to NJDOC for further investigation.

The Monitor interviewed the Assistant Commissioner (AC) of the Special Investigation Division (SID). She verified that the SID/Special Victim Unit adheres to the guidelines set by Hunterdon County and the Attorney General regarding the referral of investigations to Hunterdon County when necessary. According to AC Daniels, Hunterdon County requests that only sexual assault cases be referred to them. However, in line with Hunterdon County’s policy, the SID/SVU informs them of any sexual contact if there is probable cause.

Recommendations re K. Referrals and Investigations ¶ 75:

No recommendation

K. Referrals and Investigations

¶ 77 Edna Mahan shall investigate all allegations of sexual abuse or sexual harassment reasonably promptly, thoroughly, and objectively, including third party and anonymous reports. The departure of the alleged abuser or victim from the employment or control of Edna Mahan or NJDOC shall not provide a basis for terminating an investigation. Administrative investigations shall be completed regardless of the results of any criminal investigations and regardless of the subject's continued employment by NJDOC.

Requirements:

¶ 76 The provisions in this section that provide deadlines for NJDOC or Edna Mahan's issuance of an investigative report following an allegation of sexual abuse or harassment apply only to administrative investigations undertaken solely by NJDOC or Edna Mahan, and do not apply to criminal investigations undertaken by the prosecutors in collaboration with NJDOC or Edna Mahan.

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 77:

¶ 77/¶ 75 –

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment" specific to criminal and administrative agency investigations
- Special Investigations Division Internal Management Procedures #014 – Procedures for Sexual Offenses
- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet identifies the time between the date of the notification of the allegation and the date of the completed investigation
- Interview with EMCF Special Investigations Principle and her staff

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 77:

2/24/25 Status Report

The information documented in prior status reports remain accurate. Policy PCS.001.008, titled "Prevention, Detection, Response to Sexual Assault and Harassment," finalized on 2/1/24, along with SID IMP #035 "Investigation Procedures" finalized on 12/21/23, outline the investigative duties of the Special Investigations Division (SID) and its staff. The policy mandates that SID promptly, thoroughly, and impartially investigates all reports—whether verbal, written, or anonymous—of sexual abuse, misconduct, and harassment, without regard to the victim's or alleged perpetrator's employment status or location.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 77:

☐ Substantial Compliance

[X] Partial Compliance - Before outlining the reasons for the Partial Compliance rating, the Monitor once again commends the Assistant Commissioner of the Special Investigations Division for her exceptional efforts in identifying systemic issues and improving the policies, training, and practices related to PREA investigations. The Monitor acknowledges that developing and maintaining this function is a complex and time-consuming process. It is not surprising that further progress is needed, given the significant challenges involved, such as limited resources and heavy caseloads.

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 77:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment, states, "NJDOC assigns to the Special Investigations Division 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 incarcerated persons, staff and other individuals who visit NJDOC facilities. In instances where an investigation that originated as a PREA allegation has been determined, through the investigative process, not to be PREA related, such cases will be referred to Administration to address whether any other appropriate action should be taken. NJDOC's Special Investigations Division, which is a division under the Office of the Commissioner, is responsible for investigating all allegations of sexual abuse. Investigations will occur in a prompt, thorough, and objective manner for all allegations, including third-party and anonymous reports.

The policy goes on to state, "The departure of the alleged abuser or victim from NJDOC employment or from an NJDOC facility does not provide a basis for terminating an investigation. Administrative investigations will be completed regardless of the results of any criminal investigations and regardless of the subject's continued employment by NJDOC or residency at an NJDOC facility".

This policy was revised on November 21, 2024.

The Special Investigations Division Internal Management Procedures #035, "Investigation Procedures" states, "The New Jersey Department of Corrections ("NJDOC") assigns the Special Investigations Division ("SID") the responsibility of investigating violations of the laws of the State of New Jersey, as well as violations of the New Jersey Administrative Code (10A) and NJDOC policies and procedures by incarcerated persons, employees and other individuals who visit NJDOC facilities." This Special Investigations Division Internal Management Procedures #035 was finalized on December 21, 2023.

Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

Additionally, the Special Investigations Division Internal Management Procedures #014, “Procedures for Sexual Abuse, PREA Retaliation and Sexual Harassment” was recently revised. It states, “The New Jersey Department of Corrections assigns SID the responsibility of investigating violations of the laws of the State of New Jersey, the New Jersey Administrative Code (10A) and NJ Department of Corrections policies and procedures that occur within its facilities. SID is tasked with investigating sexual abuse, sexual harassment and retaliation. Such alleged offenses must be objectively, thoroughly and expeditiously investigated in a professional, nonjudgmental manner.” This Special Investigations Division Internal Management Procedures #014 was finalized on December 21, 2023. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

Special Investigations Division Internal Management Procedures (IMP) #035 states “The departure of an incarcerated person or staff member from NJDOC’s control or employment does not provide a basis to terminate an investigation. Investigators shall continue to investigate allegations consistent with NJ law and NJDOC policy and regardless of whether the incarcerated person or staff member has departed from NJDOC. This applies to all criminal investigations and administrative investigations. Special Investigations Division Internal Management Procedures (IMP) #014 states,” The departure of an incarcerated person or staff member from DOC’s control or employment does not provide a basis to terminate an investigation. Investigators shall continue to investigate sexual abuse, retaliation and sexual harassment consistent with NJ law and DOC policy regardless of whether the incarcerated person or staff member has departed from DOC employment or custody. “

NJDOC and Edna Mahan staff maintain, and have submitted a copy, to DOJ and the Monitor, a spreadsheet documenting allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. This spreadsheet identifies the date the local prosecutors were notified of an incident, the decision made by the prosecutors regarding who is going to investigate, and, if the Hunterdon County Prosecutors Office chooses to file criminal charges, the date the criminal charges are completed, and the case is returned to NJDOC for administrative investigation.

The Monitor interviewed the Assistant Commissioner for the Special Investigation Division, the SID Principal Investigator assigned to Edna Mahan, and the SVU Principal Investigator. Each of them confirmed that the SID/Special Victim Unit investigates all reports of sexual abuse or sexual harassment, regardless of whether the alleged perpetrator or victim remains at Edna Mahan. They also affirmed that investigations are conducted independently of the outcomes of any criminal inquiries and continue even if NJDOC no longer employs the alleged abuser.

As part of the enhanced review process, the Monitor conducted a detailed examination of four PREA complaint files. This included viewing 16 investigative interview recordings, comprising ten interviews with incarcerated persons (IPs) and five with staff. Upon reviewing these materials, the Monitor found that the investigations lacked sufficient depth to evaluate the validity of the PREA allegations. The Monitor's specific concerns are outlined below.

Overall, the Monitor was concerned about a lack of investigative thoroughness in conducting interviews about PREA complaints. Interviews were often too brief and conducted at a pace that hindered effective information gathering. On average, interviews with potential IP witnesses lasted under two minutes, while staff interviews averaged just over three minutes. While the Monitor emphasizes that interview length alone does not determine quality, the brevity and rapid pace of questioning generally reflected a lack of the thoroughness expected under the Agreement.

Specifically, interviews lacked meaningful follow-up questions and failed to explore critical issues. For instance, in one case, an IP alleged staff retaliation, but the investigator did not pursue any follow-up questions on that point. In other cases, potentially important witnesses were not interviewed, and key timelines were left unaddressed. Additionally, some questions were frequently vague.

Finally, during the enhanced review of investigative cases, the Monitor identified three IP retaliation allegations that should have been investigated as PREA-related retaliation complaints—but were instead found to not meet the criteria for retaliation, and then investigated for other forms of staff misconduct. The Monitor cautioned against this approach. The Monitor noted this issue in comments related to ¶ 64, with respect to an IP whose allegation about being removed from a kitchen job—which was deemed “not PREA” prior to a full PREA-related retaliation investigation.

In summary, the Monitor found that the PREA interviews reviewed lacked the necessary depth and thoroughness of interviews required by the Agreement.

However, during this review period, SID incorporated the following recommendations made by the monitor in the prior period: (1) integration of confidentiality review in every retaliation investigation by asking the subject officer if he/she was aware that a PREA allegation had been made or asking other witnesses how they became aware of a prior PREA allegation; and (2) statement in every investigative report regarding whether BWCs were activated during the alleged incident and whether an LEP IP was offered access to a language line during the investigation (both of which are now also included on SID's investigative checklist).

Recommendations re K. Referrals and Investigations ¶ 77:

It is recommended that NJDOC evaluate whether SID has adequate resources to meet the requirements of this Agreement. The enhanced review and discussions with NJDOC indicate that SID may need additional staff. Considering the volume of investigative cases, NJDOC should assess whether a thorough investigative process is achievable without increasing staffing levels.

It is recommended that each SVU investigator regularly meet with a supervisor throughout the year to review interview videos and identify ways to improve the quality and thoroughness of interviews.

It is recommended that SID /SVU supervisors receive the specific feedback shared with the Assistant Commissioner during the enhanced review, so they are aware of the areas that need improvement.

It is recommended that SID/SVU supervisors be required to regularly watch a set number of interview videos, rather than relying only on the written summaries. Watching the interview videos gives a much more accurate understanding of how thorough the interviews are.

K. Referrals and Investigations

¶ 78 Edna Mahan shall use investigators who have received special training in institutional sexual abuse. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda v. Arizona*, 384 U.S. 436 (1966), and *Garrity v. New Jersey*, 385 U.S. 493 (1967), warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. NJDOC shall maintain documentation that Edna Mahan investigators have completed the required specialized training in conducting sexual abuse investigations. Consistent with current practice, the Department-wide PREA Coordinator and Edna Mahan's PREA Compliance Manager shall not serve as investigators for sexual abuse investigations.

Requirements:

Consistent with current practice, the Department-wide PREA Coordinator and Edna Mahan's PREA Compliance Manager shall not serve as investigators for sexual abuse investigations.

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 78:

¶ 78/¶ 77/¶ 75 –

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment" specific to criminal and administrative agency investigations
- List of EMCF Special Investigators and their resume/expertise
- Training curriculum to train investigative staff
- Documentation training to investigators on the Miranda and Garrity warnings
- Training rosters or documents showing the completion of the New Jersey Division of Criminal Justice Basic Course for Investigators
- Training rosters or documents showing the completion of all investigators specialized training

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 78:

2/24/25 Status Report

The information documented in prior status reports remains accurate. Policy PCS.001.008 Prevention, Detection, Response to Sexual Assault and Harassment was finalized on 2/1/24 and is followed. The policy indicates that all SID investigators undergo the New Jersey Division of Criminal Justice Basic Course for Investigators, covering essential skills for unbiased and thorough investigations. Specialized training focuses on handling sexual abuse allegations in correctional settings, including understanding proper use of *Miranda v. Arizona*, 384 U.S. 436 (1966), and *Garrity v. New Jersey*, 385 U.S. 493 (1967) laws. Topics include victim interviewing techniques, evidence collection, crime scene preservation, and compliance with PREA standards. Documentation of completed training is maintained by the NJDOC Division of Training, Recruitment, and Professional Development.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 78:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 78:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "All SID investigators are required to complete the New Jersey Division of Criminal Justice Basic Course for Investigators. The specialized training provides information to help ensure that investigations are done thoroughly, competently, in an unbiased objective manner and using the most modern techniques and equipment possible".

The policy also states, "SID compiles and forwards verification documents to the NJDOC Division of Training, Recruitment, and Professional Development. This division maintains records of class attendance, which can be further analyzed to create an Individual Training Summary Report, confirming that agency investigators have successfully finished the necessary specialized training for conducting sexual abuse investigations. The Individual Training Summary Report minimally details the course description, event number, start date, end date and duration of the training. External training validation is expected to be sent to the NJDOC Division of Training, Recruitment, and Professional Development within 72 hours of completing the training. For internal trainings, the submission is made within 24 hours of completing the training".

Lastly, this policy states, "The Agency PREA Coordinator and Institutional PREA Compliance Managers shall not serve as investigators for sexual abuse investigations".

This policy was revised on November 21, 2024.

Special Investigations Division Internal Management Procedures #035, "Investigation Procedures," was revised on December 21, 2023. This IMP states, "All SID Investigators will be required to complete the New Jersey Division of Criminal Justice Basic Course for Investigators as a condition of their promotion to SID. The specialized training received by members of SID ensures that such investigations are done thoroughly, competently, in an unbiased, objective manner and using the most modern techniques and equipment possible. Any lawful technique to perform an investigation may be used. SID shall attend continuous and ongoing training in areas relevant to its work, to include continued training in gender-

responsive principles.” This Special Investigations Division Internal Management Procedures #035 was finalized on December 21, 2023. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

The Monitor received verification that all SID investigators assigned to EMCF, including SVU investigators, received the following special training during the last reporting period, August 25, 2024 – February 24, 2025:

Name of Course	Hosted by	Length of Training	Attending Staff
PREA/Sexual Assault Training	Hunterdon County Prosecutor's Office	3 hours	SVU Investigators SID Investigators SVU Principal Investigator SID Principal Investigator
Attorney General’s Domestic Violence Symposium	NJ AG Division of Criminal Justice	3.75 hours	SVU Investigators SID Investigators SVU Principal Investigator SID Principal Investigator
NCTC Sexual Assault Investigation Academy	National Criminal Justice Training Center of Fox Valley Technical College	5 days	Two (2) SID Investigators
26 th Annual Investigation Seminar	NJ Sex Crimes Officers Associations	3 days	AC Daniels Assistant AC McKenzie

			SVU Principal Investigator Senior Investigator Jamie Newton
NCJTC Sexual Assault Investigation Academy	The Bucks Country Police Training Center	5 days	One SID Investigator
Rutgers Sexual Assault Investigations	Rutgers University	2 days	6 SID Investigators 3 Principal Investigators
Special Victims Training	Hudson County Prosecutor's Office	4 hours	SVU Investigators SID Investigators
PREA Webinar	National PREA Resource Center	2 hours	SVU Investigators SID Investigators SVU Principal Investigator
CLEAR LE Inter/Transgender Individual Understanding	Acadis	2.5 hours	SVU Investigators SID Investigators

The Assistant Commissioner of the Special Investigation Division, the SID Principal Investigator, the SVU Principal Investigator, NJDOC's PREA Coordinator, and Edna Mahan's PREA Compliance Manager all confirmed that neither the Department-wide PREA Coordinator nor Edna Mahan's PREA Compliance Manager are responsible for conducting sexual abuse investigations.

Recommendations re K. Referrals and Investigations ¶ 78:

Continue to provide specialty training for all SID/SVU investigators.

K. Referrals and Investigations

¶ 79 All NJDOC or Edna Mahan investigative staff must disclose any personal relationships with Edna Mahan staff who may be the subject of a current investigation and must recuse themselves from participating in an investigation involving any Edna Mahan staff member with whom they have a personal relationship. A “personal relationship” is any relationship that interferes with the investigator’s ability assess the facts of the investigation in an objective manner, including relationships with a family member, business partner, roommate, cohabitant, or person with whom they are involved in a dating or close social relationship.

Requirements:

A “personal relationship” is any relationship that interferes with the investigator’s ability assess the facts of the investigation in an objective manner, including relationships with a family member, business partner, roommate, cohabitant, or person with whom they are involved in a dating or close social relationship.

Monitor’s Measure of Compliance re K. Referrals and Investigations ¶ 79:

- Special Investigations Division Internal Management Procedures #048, “Staff Reporting of Personal Relationships”
- Semi-annual report (beginning April 5, 2022, for the last quarter of 2021 and first quarter of 2022) to the DOJ and Monitor including all incidents of an investigative staff recusing themselves from an investigation due to a personal relationship with EMCF staff who may be the subject of a current investigation
- Interview with EMCF Special Investigations Principle and her staff regarding staff recusing themselves from participating in an investigation involving anyone with whom they have a personal relationship

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 79:

2/24/25 Status Report

SID IMP #048 Staff Reporting of Personal Relationships, finalized on 12/21/23 indicates that all Special Investigations Division staff are required to recuse themselves from any investigation which implicates a relationship covered by this policy, whether or not the SID staff member currently supervises, exercise authority over, or works in the same facility as the person with whom s/he has the relationship. The revised policy also includes a complete definition of personal relationships. NJDOC continues to maintain compliance in this area.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 79:

[X] Substantial Compliance

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required until [date]
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 79:

Special Investigations Division (SID) Internal Management Procedures (IMP) #048, "Staff Reporting of Personal Relationships," was finalized on December 21, 2023. This IMP states, "All Special Investigations Division staff are required to certify to the SID Assistant Commissioner or designee whether they do, or do not, currently supervise, exercise authority over or work in the same facility with any employee of the NJDOC, or its vendors/contracted employees, who is:

- a family member
- business partner
- roommate
- cohabitant
- person with whom the SID staff member is involved in a dating relationship
- person with whom the SID staff member has a personal relationship
- person with whom the SID staff member has a relationship that would interfere with the SID staff member's ability to assess the facts of an investigation in an objective manner.

The policy goes on to state, "All Special Investigations Division staff are required to recuse themselves from any investigation which involves a person with whom the staff member has a relationship covered by this policy, whether or not the SID staff member currently supervises, exercises authority over or works in the same facility as the person with whom the staff member has the relationship."

The IMP continues by giving the procedures that require all investigators to sign the SID Form PRC-1 yearly by the 31st of January. If SID Form PRC-1 is answered affirmatively, this is a "positive certification." The SID staff member will provide the involved person's identity and the type of relationship. The staff member shall also complete the State of New Jersey Department of Corrections Recusal form. Lastly, suppose a SID staff member is assigned a case with someone they know. In that case, the IMP requires that the SID staff shall also complete the Recusal form in cases where a witness, subject, or target of an investigation is a family member, business partner (as defined above as a person in a professional relationship), roommate, cohabitant, person with

whom the investigator is involved in a personal relationship, or is a person with whom the SID staff member has a relationship that would interfere with the staff member's ability to assess the facts of an investigation in an objective manner.

The Monitor interviewed Assistant Commissioner Kelly Daniels, who confirmed these procedures. She stated that if an employee were assigned to investigate someone with whom they have a personal relationship, they would be fully excluded from any participation, including access to case information, communications, or details. The Monitor also consulted the SID Principal Investigator and the SVU Principal Investigator assigned to Edna Mahan, both of whom supported Deputy Commissioner Daniels' explanation.

Recommendations re K. Referrals and Investigations ¶ 79:

No recommendation

K. Referrals and Investigations

¶ 80 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 prisoner or staff, consistent with 28 C.F.R. § 115.71.

Requirements:

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 80:

- NJDOC/SID level 1 policy specifying how they rate the credibility of an alleged victim, suspect, or witness.
- Reviews of completed investigations, to include reviewing witness statements, prisoner victim(s) and alleged perpetrator(s), security staff statements.
- Interview with EMCF Special Investigations Principle and her staff to determine how they rate the credibility of an alleged victim, suspect, or witness

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 80:

2/24/25 Status Report

The information documented in prior status reports remains accurate. SID IMP #035, finalized on December 21, 2023, outlines investigation procedures, and addresses the assessment of credibility, report contents, and due dates. It specifies that credibility judgments should not be based on the individual's status as either incarcerated persons or staff members but on the evidence collected, including statements, documentary evidence, and recordings. The evidence as a whole determines the outcome of an allegation, ensuring a fair and evidence-based investigation process. NJDOC continues to maintain compliance in this area.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 80:

[X] Substantial Compliance

[] Partial Compliance

[] Non-compliance

[] N/A not required until [date]

[] N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 80:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states "SID does not rate the credibility of an alleged victim, suspect, or witness by the person's status as prisoner or staff.

The credibility of a victim, suspect, or witness is assessed on an individual basis and shall not be determined based on the status of a victim or staff member. A credibility determination should place no greater weight on one person over another. Victims, suspects, and witnesses are all equally entitled to give their testimony, and none are rejected as incredible simply based on their status. Credibility is impacted by the evidence itself. It is the evidence that refutes, corroborates, or has no impact upon a person's testimonial evidence. The evidence ultimately determines whether the allegation is unfounded, substantiated, or unsubstantiated.”

This policy was revised on November 21, 2024.

Special Investigations Division (SID) Internal Management Procedures (IMP) #035, Investigation Procedures was finalized on December 21, 2023. Page 6 now says, “The credibility of an alleged victim, suspect, or witness in any investigation undertaken by SID shall not be determined by the person’s status as an incarcerated person or staff member. Credibility is impacted by the evidence itself, including statements by the alleged victim and suspect, witness statements, documentary evidence, and recorded evidence, such as surveillance video, Body Worn Camera video and telephonic recordings. The overall evidence determines whether an allegation is substantiated, unsubstantiated or unfounded and whether probable cause exists that a criminal offense has been committed. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

Additionally, Special Investigations Division (SID) Internal Management Procedures (IMP) #014, “Procedures for Sexual Abuse, PREA Retaliation and Sexual Harassment” states, “The credibility of an alleged victim, suspect, or witness shall not be determined by the person’s status as an incarcerated person or staff member. Credibility is impacted by the evidence itself, to include statements by the alleged victim, witness statements, documentary evidence, and recorded evidence, such as surveillance video, Body Worn Camera video and telephonic recordings.” This IMP was finalized on December 21, 2023. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

The Monitor reviewed several completed investigations, including interviews with, and statements by, the alleged victim IP, suspect staff person, and witnesses. The decisions made in these investigations appeared to be based on the statements of the involved persons and the evidence available, including cameras, records, reports, and documentation of facts.

Recommendations re K. Referrals and Investigations ¶ 80:

No recommendation

K. Referrals and Investigations

¶ 81 Within 90 days after an allegation of sexual abuse or sexual harassment is referred for investigation, NJDOC or Edna Mahan shall issue a written investigative report that indicates whether the allegation is substantiated, unsubstantiated, or unfounded. If the matter is referred to prosecutorial review, this 90-day period shall begin to run the day after NJDOC receives the prosecutor's decision as to whether the allegation is criminal or administrative (and therefore will be investigated solely by NJDOC or Edna Mahan). The investigator may request in writing, approved by the facility designee, an extension for cause that identifies the remaining actions necessary to complete the investigation. In no case shall the investigation be deemed to be unfounded solely due to the expiration of the 90 days. The investigative report shall include an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Requirements:

If the matter is referred to prosecutorial review, this 90-day period shall begin to run the day after NJDOC receives the prosecutor's decision as to whether the allegation is criminal or administrative (and therefore will be investigated solely by NJDOC or Edna Mahan).

The investigative report shall include an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 81:

- Spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. The spreadsheet should identify:
 - The date of notification of the allegation
 - The date the case was referred to prosecutor's review
 - If the case is criminal or administrative
 - If the case was returned to NJDOC, the date returned
 - If an extension was requested, and if so, the date of the request, and the reason for the extension
 - The date of the completed investigation
 - The finding if the allegation was determined to be unfounded, unsubstantiated, or substantiated.
 - The date the Sexual Assault Advisory Council (SAAC) was held
- Copies of a Sexual Assault Investigation Disposition form for each allegation sent to the DOJ and Monitor

- A quarterly report (beginning January 5, 2022 for the last quarter of 2021) submitted to the DOJ and Monitor of the status of all the “open” EMCF investigations, along with the spreadsheet noted above
- Interview with NJDOC Deputy Chief Investigator

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 81:

2/24/25 Status Report

The information documented in prior status reports remains accurate. SID IMP #035 Investigation Procedures, finalized on 12/21/23 incorporates information about the contents and due dates of an investigative report and is followed.

Monitor’s Finding of Compliance re K. Referrals and Investigations ¶ 81:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor’s Discussion re K. Referrals and Investigations ¶ 81:

Special Investigations Division (SID) Internal Management Procedures (IMP) #035, Investigation Procedures was revised on December 21, 2023. It states, “Currently there is a federal monitor reviewing sexual abuse, sexual harassment and retaliation claims that occur at EMCF pursuant to a Consent Decree settlement agreement reached between the State of New Jersey and the United States (Docket No. 3:21-cv-15031-ZNQ-TJB). While EMCF is under Consent Decree monitoring, SID shall investigate and will issue a written investigation report within 90 days after an allegation of sexual abuse or sexual harassment or retaliation is raised for all EMCF investigations.

- i. If the matter is referred for prosecutorial review, this 90-day period shall begin to run the day after NJDOC receives the prosecutor’s decision remanding the matter as an administrative investigation.
- ii. The investigator may request in writing an extension of the 90-day period for cause that identifies the remaining actions necessary to complete the investigation. This extension request shall be submitted to the Assistant Commissioner of Women’s Services or designee.
- iii. In no case shall the investigation be closed solely due to the expiration of the 90 days.

NJDOC and Edna Mahan staff maintain, and have submitted a copy, to DOJ and the Monitor, a spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents. This spreadsheet identifies:

- The date of notification of the allegation
- The date the case was referred to prosecutor's review
- If the case is criminal or administrative
- If the case was returned to NJDOC, the date returned
- If an extension was requested, and if so, the date of the request, and the reason for the extension
- The date of the completed investigation.
- Whether the allegation is substantiated, unsubstantiated, or unfounded

Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

Additionally, copies of the Sexual Assault Investigation Disposition form for each investigated allegation have been sent to the DOJ and Monitor. During this reporting period (August 25, 2024 – February 24, 2025), EMCf had 30 allegations of staff on incarcerated person sexual abuse, sexual harassment, or retaliation. Sixteen open cases are pending review by the Prosecutor's Office, and the SID/SVU is investigating four open cases.

The Monitor has examined all investigative reports produced during this reporting period. Each report contains a statement on whether staff actions or failure to act played a role in the abuse, a summary of physical and testimonial evidence, an explanation of credibility determinations, and the investigative facts and findings.

Recommendations re K. Referrals and Investigations ¶ 81:

No recommendation

K. Referrals and Investigations

- ¶ 82. NJDOC shall ensure that an investigative summary sheet that provides an overview of the current status of an investigation is included in the investigative file. The summary information should include, among other things, basic information such as staff name(s), prisoner names(s), location of incident, type of allegation, and the date and time of day of the incident.

Requirements:

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 82:

- Copies of investigative summary sheets sent to the DOJ and Monitor. Investigative summary sheets include:
 - Staff name(s)
 - Prisoner Name(s)
 - Location of incident
 - Type of allegation
 - Date and time of day of the incident
 - Other information, as needed
- Interview with NJDOC Deputy Chief Investigator regarding completing the investigative summary sheet/closure report
- Interview with EMCF Special Investigations Principle and her staff regarding completing the investigative summary sheet/closure report
- Interview with EMCF PREA Compliance Manager regarding the investigative summary sheet/closure report

Steps taken by NJDOC and EMCF towards implementation K. Referrals and Investigations ¶ 82:

2/24/25 Status Report

The information documented in previous status reports remains accurate. SID IMP #035 Investigation Procedures, finalized on 12/21/23, indicates that “An Investigative summary sheet that provides an overview of the current status of an investigation must be included in the investigative file. The summary information should include, among other things, basic information such as the names of staff, the names of incarcerated persons, the type of allegation and the location, date and time of the incident.” Pursuant to this policy, an investigative summary sheet is currently kept on all cases investigated by SID containing all of the referenced requirements in this section.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 82:

[X] Substantial Compliance

[] Partial Compliance

[] Non-compliance

[] N/A not required until [date]

[] N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 82:

Special Investigations Division (SID) Internal Management Procedures (IMP) #035, Investigation Procedures was revised on December 21, 2023. The IMP states, "An investigative summary sheet that provides an overview of the current status of an investigation must be included in the investigative file. The summary information should include, among other things, basic information such as the names of staff, the names of incarcerated persons, the type of allegation, and the location, date, and time of the incident. This IMP was finalized on December 21, 2023. Minor changes were made to this IMP during this reporting period, and it was being revised at the end of this reporting period.

The Special Investigations Division of the NJDOC revised the investigative summary sheet and has been using this revised form since March 2022. This investigative summary sheet provides an overview of the current status of an investigation and is included in the investigative file. The summary information also includes basic information such as staff name(s), the IP names(s), location of incident, type of allegation, and the date and time of the incident.

Recommendations re K. Referrals and Investigations ¶ 82:

No recommendation

K. Referrals and Investigations

- ¶ 83. A review team, including upper-level management officials at Edna Mahan, with input from line supervisors, investigators, and medical and mental health practitioners, shall conduct an incident review within 30 days of the conclusion of every investigation of substantiated and unsubstantiated allegations of sexual abuse by staff. The review team shall:
- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse by staff;
 - Examine the area in Edna Mahan where the incident allegedly occurred to assess whether physical barriers in the area may prevent detection of sexual abuse;
 - Assess the adequacy of staffing levels in that area during different shifts;
 - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - Prepare a report of its findings and any recommendations for improvement and submit such report to the Department-wide PREA Coordinator, and Edna Mahan's PREA Compliance Manager.

Requirements:

- ¶ 85 Edna Mahan's Administrator should have access to investigative files once they are complete, as well as the personnel files of involved employees, and regular briefings of PREA investigations that include sufficient details so that the facility Administrator and/or the incident review team has sufficient information to assess the incident and devise and implement any necessary movement, discipline, or corrective action.

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 83:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment" specific to criminal and administrative agency investigations.
- NJDOC PCS. 001.PREA .001 Sexual Assault/PREA Advisory
- EMCF's Level 3 policy on Sexual Assault/PREA Advisory
- Copies of the Sexual Assault Investigation Disposition form for all EMCF's cases
- A review of Folder 115.73 on the DOCNet I-drive during the on-site visit
- Copies of EMCF's Sexual Assault Advisory Council (SAAC) monthly agenda and meeting minutes
- Copies of all report of EMCF's Sexual Assault Advisory Council findings and recommendations for improvement sent to NJDOC PREA Coordinator and Edna Mahan's PREA Compliance Manager
- Interview with EMCF PREA Compliance Manager regarding EMCF's Sexual Assault Advisory Council (SAAC)
- Interview with EMCF Administrator regarding EMCF's Sexual Assault Advisory Council (SAAC)
- Interview at least two of the members who sit on the EMCF's Sexual Assault Advisory Council (SAAC)

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 83:

The information documented in previous status reports remains accurate. NJDOC policy PCS.001.008 outlines the responsibilities of the Sexual Abuse Advisory Council (SAAC), emphasizing its key role in reviewing closed cases of sexual abuse and harassment. The SAAC operates at both the facility and departmental levels, and evaluates these cases to suggest improvements in prevention, detection, and response mechanisms. This process evaluates potential policy or procedural changes, understanding the motivations behind incidents, examining environmental factors, and assessing staffing and technological needs. The aim is to recommend actionable changes, issuing Corrective Action Reports when needed, and to oversee the adoption of these recommendations to ensure ongoing enhancements in the NJDOC's approach to managing sexual abuse and harassment. SAAC reports are provided monthly to the Federal Monitor. A formal follow-up process, through which Administration reports back to the SAAC regarding implementation of recommendations, was implemented during this reporting period.

In an effort to maintain confidentiality, language was previously added to the EMCF Facility PREA Review Team Cover Letter reminding involved staff of their role in maintaining such. The statement reads, “The reports in discussion reviewed within this meeting are required under PREA Standard 115.86. This information is confidential and a breach of confidentiality is a violation which is subject to disciplinary action.”

Monitor’s Finding of Compliance re K. Referrals and Investigations ¶ 83:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor’s Discussion re K. Referrals and Investigations ¶ 83:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, “NJDOC has established multi-disciplinary Sexual Assault Advisory Councils (SAAC) which convenes at both the correctional facility and Departmental level. The SAAC’s review all allegations and instances of sexual abuse/sexual harassment with the purpose of assessing and improving PREA prevention, detection and response. The purpose, composition and duties of the Sexual Assault Advisory Council (SAAC) are contained in the Internal Management Procedure PCS.001.PREA.001 Sexual Assault/PREA Advisory Council. Facility incident reviews shall convene within thirty (30) days of the conclusion of the investigation. SID shall present the completed investigation case for review at the SAAC meeting. These reviews are done for all allegations of sexual abuse and/or sexual harassment as defined by PREA.

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.

Each PREA allegation case review completed by the SAAC takes into account all factors listed above in section (d) of this subsection.

The SAAC may issue Corrective Action Reports, if necessary, and will monitor the implementation of recommended corrective actions. Recommendations for improvement shall be implemented or reasons for not doing so shall be documented on the Corrective Action Reports.”

This policy was revised on November 21, 2024.

PCS.001. PREA 001 “Sexual Assault/Prison Rape Elimination Act (PREA) Advisory Council is in the process of revision. However, it currently states, “Facility incident reviews shall convene within thirty (30) days of the conclusion of the investigation. SID shall present the completed investigation case for review at the SAAC meeting. These reviews are done for all allegations of sexual abuse and/or sexual harassment as defined by PREA.”

The Monitor and DOJ have received copies of all EMCF’s Sexual Assault Advisory Council (SAAC) meeting minutes, including all Incident Reviews completed by EMCF during this reporting period. In all cases, the SAAC considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse by staff, considered the area where the incident allegedly occurred to assess whether physical barriers in the area may prevent detection of sexual abuse; assessed the adequacy of staffing levels in that area during different shifts; assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff; and sent a copy of its findings and any recommendations for improvement to the Department-wide PREA

Coordinator, and Edna Mahan's PREA Compliance Manager. During this past reporting period, the SAAC made fifteen (15) recommendations for action.

The Monitor spoke with four members of the Edna Mahan Sexual Assault Advisory Council. Those members were the PREA Compliance Manager, a Mental Health Representative, a Health Care Representative, and the Principal Investigator for the Special Investigations Unit regarding the process of EMCF's Sexual Assault Advisory Council. All acknowledged that the PREA Compliance Manager convenes and chairs the SAAC. They also stated that the SAAC is convened monthly and always within thirty (30) days of the conclusion of the investigation. Before the SAAC meeting, members receive copies of all the investigations to be reviewed at the meeting. This gives them time to review the investigation thoroughly. During the SAAC meeting, the Principal Investigator for the Special Investigation Division or the Special Victims Unit presents the completed investigation case for review. This provides the opportunity for any SAAC members to ask questions or seek any further information. The members confirmed that the IPCM prepares a report on the SAAC's findings and any recommendations for improvement and submits that report to the Department-wide PREA Coordinator. The members also confirmed that the NJDOC Agency SAAC reviews and signs off on this report. The members noted that they get copies of all recommendations made by the SAAC. They are also notified when the recommendation is completed. The Monitor has seen significant progress in the organization and structure of the SAAC over the past three years.

Recommendations re K. Referrals and Investigations ¶ 83:

Continue to meet to conduct incident reviews.

K. Referrals and Investigations

- ¶ 84. NJDOC and Edna Mahan shall review the review team's recommendations for improvement and shall implement them or document their reasons for not doing so.

Requirements:

Monitor's Measure of Compliance re K. Referrals and Investigations ¶ 84:

- NJDOC Policy Statement Number 001.008 "Prevention, Detection and Response of Sexual Abuse and Harassment" specific to criminal and administrative agency investigations
- NJDOC PCS. 001.PREA .001 Sexual Assault/PREA Advisory
- EMCF's Level 3 policy on Sexual Assault/PREA Advisory
- Copies of all report of EMCF's Sexual Assault Advisory Council findings and recommendations for improvement
- Copies of all Corrective Action Reports developed by EMCF's Sexual Assault Advisory Council (SAAC)
- Copies of all completed EMCF's Corrective Action Reports as referenced above
- Copies of ANY subsequent actions that are recommended by the EMCF SAAC, to include, but not be limited to, memos, emails, new level 3 policies, procedures, Post Orders, etc.
- Copies of all Corrective Action Reports developed by NJDOC's Agency Sexual Assault Advisory Council (SAAC)
- Copies of all completed NJDOC's Corrective Action Reports as referenced above
- Copies of ANY subsequent actions that are recommended by the NJDOC's SAAC, to include, but not be limited to, memos, emails, new level 1 policies, procedures, directives, etc.
- All documents from EMCF or NJDOC's SAAC that describe "why" recommended actions were not taken
- Interview with EMCF PREA Compliance Manager regarding the Review Team's recommendations for improvement
- Interview with EMCF Administrator regarding the Review Team's recommendations for improvement
- Interview with NJDOC Deputy Chief Investigator regarding reviewing EMCF's Review Team's recommendations for improvement
-

Steps taken by NJDOC and EMCF towards implementation re K. Referrals and Investigations ¶ 84:

2/24/25 Status Report

The information documented in prior status reports remains accurate. EMCF's Sexual Assault Advisory Committee (SAAC) documents corrective action recommendations on a form used during post-incident reviews. These suggestions are tracked by the Institutional PREA Compliance Manager (IPCM) on a spreadsheet and forwarded to the PREA Compliance Unit (PCU) at the Central Office Headquarters (COHQ) for further review. The COHQ SAAC evaluates these recommendations, making final determinations or requesting additional

actions. The PCU maintains oversight of progress through periodic updates requested from the IPCM, ensuring that the recommended actions are implemented.

The EMCF IPCM continues to share the spreadsheet containing the suggestions with the EMCF Administrator, Associate Administrator, all SAAC members.

Monitor's Finding of Compliance re K. Referrals and Investigations ¶ 84:

[X] Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re K. Referrals and Investigations ¶ 84:

NJDOC 001.008 Prevention, Detection and Response of Sexual Abuse and Harassment states, "NJDOC has established multi-disciplinary Sexual Assault Advisory Councils (SAAC) which convenes at both the correctional facility and Departmental level. The SAAC's review all allegations and instances of sexual abuse/sexual harassment with the purpose of assessing and improving PREA prevention, detection, and response. The purpose, composition and duties of the Sexual Assault Advisory Council (SAAC) are contained in the Internal Management Procedure PCS.001.PREA.001 Sexual Assault/PREA Advisory Council.

Facility incident reviews shall convene within thirty (30) days of the conclusion of the investigation. SID shall present the completed investigation case for review at the SAAC meeting. These reviews are done for all allegations of sexual abuse and/or sexual harassment as defined by PREA.

The SAAC may issue Corrective Action Reports, if necessary, and will monitor the implementation of recommended corrective actions. Recommendations for improvement shall be implemented or reasons for not doing so shall be documented on the Corrective Action Reports.

This policy was revised on November 21, 2024.

As noted previously, during this past reporting period, the SAAC made fifteen (15) recommendations for action. The Monitor and DOJ received a copy of a spreadsheet maintained by the Chair of the SAAC, the Institutional PREA Compliance Manager. This spreadsheet notes the day of the SAAC review, the concerns/recommendations the SAAC made, the action steps suggested, and the outcome of the

action steps. In the last compliance report, the Monitor recommended that the IPCM share this spreadsheet with the EMCF administrator and Associate Administrator and make it available to all SAAC members. This action occurred during this last reporting period.

Recommendations re K. Referrals and Investigations ¶ 84:

EMCF's administrative team continues to review the SAAC's recommendations for improvement and shall implement them or document their reasons for not doing so.

M. Limited English Proficient (LEP) Prisoners

¶ 90. With respect to implementing the terms of this Agreement, NJDOC and Edna Mahan shall ensure that all LEP prisoners at Edna Mahan have access to interpretation and translation services as required by Title VI of the Civil Rights Act.

Requirements:

Monitor's Measure of Compliance re M. Limited English Proficient (LEP) Prisoners ¶ 90:

- NJDOC policy statement SUP.004.001 Limited English Proficient (LEP) Language Assistance
 - Level 3 policy requiring that all LEP prisoners at Edna Mahan have access to interpretation and translation services, as required by Title VI of the Civil Rights Act
 - Documentation of ALL methods created to provide access for LEP prisoners to interpretation and translation services, as required by Title VI of the Civil Rights Act
 - Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices to ensure all prisoners at Edna Mahan have access to interpretation and translation services as required by Title VI of the Civil Rights Act.
 - Details of the usage of any LEP prisoners to access interpretation services -records, logs, phone call use, etc.
 - Interview with at least two LEP identified prisoners
 - Review of any grievances submitted regarding any requirements of the provision
 - Interview with Edna Mahan Administrator specific to interpretation and translation services for LEP prisoners
 - Interview with Edna Mahan EDNA PREA Compliance Manager specific to interpretation and translation services for LEP prisoners
- ¶ 52 - A semi-annual report (beginning on April 5, 2022, for the last quarter of 2021 and first quarter of 2022) from EMCF PREA Compliance Manager to the DOJ and Monitor, identifying the names of prisoners who received the prisoner orientation education in a different format. The report should identify the names of the prisoners and the alternate source of how the information was provided.

Steps taken by NJDOC and EMCF towards implementation re M. Limited English Proficient (LEP) Prisoners ¶ 90:

2/24/25 Status Report

NJDOC takes steps to ensure effective communication with all incarcerated individuals, as mandated by Title VI of the Civil Rights Act of 1964. This includes providing orientation materials in accessible formats to accommodate diverse needs such as limited English proficiency (LEP). Assistant Superintendent Tiffany Thompson serves as the LEP Coordinator at EMCF.

LEP Coordinator Assistant Superintendent Tiffany Thompson, in collaboration with Women's Services and EMCF staff, continues to make improvements to LEP services for the EMCF incarcerated individuals. Systems and procedures are continuously being reviewed and revised to ensure LEP IPs maintain access to effective communication. An audit of forms available to the incarcerated population began during the reporting period to ensure all forms are available in English, Spanish, Mandarin and Haitian Creole. A tracking report was developed for each identified LEP IP containing information regarding: document translation requests and outcomes; disciplinary charges and hearings; meetings with LEP Coordinator and other EMCF staff; JPAY correspondences sent and translation provided, if necessary; and requests and outcomes for specialty items. LEP IPs are required to acknowledge their acceptance/declination of usage of Language Line services, via a signed paper receipt.

SID revised its internal investigation checklist to include mention that interpretation services must be offered to all IPs designated as LEP. Internal SID policies have been revised to require the offering of interpretive service to all LEP IP's and require SID to contain in a report whether such services were offered and accepted/declined. Similarly, the SID hotline policy was revised to ensure LEP IPs are being provided with interpretive services.

To facilitate quick identification, LEP status stickers are now affixed to the identification cards of LEP incarcerated persons, which they carry at all times. Additionally, LEP incarcerated persons have been provided with "quick translation cards" to attach to their IDs or carry with them. These cards feature simple phrases in both English and the individual's preferred language, allowing them to point to the appropriate phrase to communicate emergent or non-emergent issues.

Medical and Mental Health staff now receive alerts in the Electronic Monitoring Record (EMR) when an LEP incarcerated person is under their care. These staff members can document the offering of interpretation services through the Language Line and record the outcome within the EMR. Additionally, EMCF Medical staff continue to offer pre-test and post-visit consultations through the Language Line to enhance accessibility for LEP incarcerated persons.

The disciplinary process has been revised to ensure translation of disciplinary infractions when served to LEP incarcerated persons. Court Line procedures have also been updated to include newly translated Disciplinary Hearing forms (English to Spanish, Mandarin, and Haitian Creole), used in conjunction with the Language Line during any disciplinary hearing involving an LEP incarcerated individual. All identified LEP individuals are offered Language Line services throughout the disciplinary process, with documentation in iTag (inmate management system) and via a signed paper receipt created during this reporting period. The relevant Level 3 policies, IMP#144 and IMP#144A, have been updated accordingly.

EMCF staff from Programs and Support Services, Education, and Chaplaincy Services continue to meet with the Mandarin and Creole speaking incarcerated individuals on a weekly basis utilizing Linguistica Services to assist in identifying urgent areas of need.

A part time interpreter was hired through the state-contracted temp agency and is in the process of onboarding for the education and program units. This step will allow those IPs with LEP to participate in group didactic sessions, and academic and Career Technical Education (CTE) programs.

The Office of the Educational Services Technology Team, which includes a bilingual staff member, reconfigured the educational smart board to integrate Google Translate in the classrooms. This reasonable and cost-effective pilot will allow our educators to teach in English and have the board translate into the students' native language. Class sizes are being reduced to smaller numbers for optimum teaching impact. A second system, which will include a 2-3 students participating in a mock classroom instruction, is scheduled for Friday, February 21, 2025. Additionally, the education department has procured eleven of their CTE course curriculums and materials in Spanish.

EMCF IPs with LEP participated in three psychoeducational programs: Healthy Opportunities for Parenting Effectively (HOPE), Releasing Trauma and Embracing Faith (RTEF), and Focus on the Victim (FOV). All were provided with an interpreter. Lastly, the Assistant Commissioner of the Division of Programs, who is bilingual in English/Spanish conducted her second listening session with LEP IPs.

Monitor's Finding of Compliance re M. Limited English Proficient (LEP) Prisoners ¶ 90:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re M. Limited English Proficient (LEP) Prisoners ¶ 90:

NJDOC has several policies specific to Limited English Proficient (LEP) Language Assistance: Use of Language line. Those include: SUP.004.001, Limited English Proficient (LEP) Language Assistance: Use of Language Line (last revised September 10, 2018); PCS.008.LEP.01, Internal Management Procedure, Division of Programs and Community Services, Office of Transitional Services (last revised October 22, 2018); PCS.004.LEP.OSAPAS.01, Office of Substance Abuse Programming & Addiction Services Level I + III, Internal Management Procedures (last revised December 2020); SUP.003.LEP.01, Office Education Services Level I, Internal Management Procedures (last revised October 22 2018); PCS.001.LEP.01 Office of Community Programs And Outreach Services Level I Internal Management Procedures (last revised November 1, 2018). Each of these policies has the following policy statement:

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulations, it is the policy of the NJDOC to take reasonable steps to provide meaningful access to non-English speakers and limited English

proficient (LEP) individuals incarcerated, detained, or otherwise encountering NJDOC correctional facilities, programs, and activities. These steps help to ensure that language shall not prevent staff from communicating effectively with LEP inmates, detainees, and others to ensure safe and orderly operations, and that limited English proficiency shall not prevent inmates, detainees, or others from accessing important programs and information; understanding rules; participating in proceedings; or gaining eligibility for parole, probation, treatment programs, alternatives to revocation, or favorable classifications. The DOC shall utilize various internal and external sources to provide oral and written language assistance services to communicate with LEP inmates in the areas of programming, safety, medical and quasi-legal proceedings. These sources, include but are not limited to, the language line services and appropriate staff.

It is also NJDOC policy to ensure that no inmate is retaliated against for requesting language assistance services or participating in any other conduct protected under Title VI.

Except in emergency circumstances, other inmates shall not be utilized to provide interpretation for LEP inmates with significant matters that include psychological, medical and safety. An exception may be made for trained counsel substitutes in disciplinary proceedings”.

The DOC shall utilize various internal and external sources to provide oral and written language assistance services to communicate with LEP incarcerated persons in the areas of programming, safety, medical and quasi-legal proceedings. These sources include, but are not limited to, the Language Line and appropriate staff.

Both Edna Mahan Correctional Facility for Women Level 3 Internal Management Procedures #144, and #144A titled, “Limited English Proficiency (LEP) Language Assistance: Bilingual Staff and use of the Language Line,” states, “[I]n accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulations, it is the policy of the NJDOC and Edna Mahan Correctional Facility, to take reasonable steps to provide meaningful access to non-English speakers and limited English proficient (LEP) individuals incarcerated, detained, or otherwise encountering NJDOC correctional facilities, programs, and activities. These steps help to ensure that language shall not prevent staff from communicating effectively with LEP incarcerated persons , detainees, and others to ensure safe and orderly operations, and that limited English proficiency shall not prevent incarcerated persons , detainees, or others from accessing important programs and information; understanding rules; participating in proceedings; or gaining eligibility for parole, probation, treatment programs, alternatives to revocation, or favorable classifications.

Both IMP #144 and IMP #144A guide procedures specific to how an incarcerated person with Limited English Proficiency (LEP) is identified, that a weekly “LEP Roster” will be issued to all departments, where the phones with access to the language line are located, how to use (and document the use of) the language line, how to use (and document the use of) translation services, what certified bilingual staff

can communicate with the IP about, what a non-certified bilingual staff can communicate with the IP about, and the disciplinary process. Both IMPs were updated on July 24, 2024.

Both IMPs are highly similar. IMP #144 is focused on custody, while IMP #144A is accessible to all staff but tailored explicitly to civilian staff. The primary difference is that IMP #144A provides more detailed explanations of New Admission Intake, LEP Designation, and LEP Roster procedures, as these fall under civilian responsibilities. IMP #144 focuses more thoroughly on the weekly audits of the hurricane book, which is a custody requirement.

Over the past three reporting periods, NJDOC and EMCF have made significant efforts to ensure that all LEP IPs have access to interpretation and translation services, particularly regarding the Settlement Agreement. To facilitate identification, LEP individuals are marked with a “green sticker” on their ID tag, door tag, and “face sheet.” Additionally, medical staff have implemented an alert system that flags an incarcerated person as LEP in their electronic medical file. A weekly list of all identified LEP IPs is distributed to supervisors, including those in medical and mental health departments. To further support language access, medical staff established a policy ensuring that any patient identified as an LEP IP is automatically offered the language line. Additionally, a directive was introduced requiring that all LEP IPs be provided access to the language line during disciplinary proceedings, including the presentation of charges and the hearing itself.

During this reporting period, the following processes were established:

- An audit of forms available to the incarcerated population was developed to ensure all forms are available in English, Spanish, Mandarin and Haitian Creole. (An IP whose primary language is Haitian Creole entered EMCF during this reporting period)
- A tracking report was developed for each LEP IP containing information regarding document translation requests and outcomes, disciplinary charges and hearings, meetings with the LEP Coordinator and other EMCF staff, JPAY correspondences sent and translation provided, if necessary, and requests and outcomes for specialty items.
- LEP IPs are now required to acknowledge an IP’s acceptance/declination of usage of Language Line services via a signed paper receipt.
- SID revised its internal investigation checklist to require that interpretation services be offered to all IPs designated as LEP.
- SID policies have been revised to require the offering of interpretive service to all LEP IPs and require SID to contain in a report whether such services were offered and accepted/declined.
- The SID hotline policy was revised to ensure LEP IPs are being provided with interpretive services.
- All LEP IPs have received a “request for interpretation card.” This card features simple phrases in English and the individual’s preferred language, allowing them to point to the appropriate phrase to communicate emergent or non-emergent issues. This card also allows the IP to point to a “request for use of the language line” at any time.

Additionally, the following activities occurred during this reporting period:

- All LEP IPs were given dictionaries in their primary language containing English translations of words.
- LEP IPs participated in three psychoeducational programs: Healthy Opportunities for Parenting Effectively (HOPE), Releasing Trauma and Embracing Faith (RTEF), and Focus on the Victim (FOV). All were provided with an interpreter to assist with their participation in these programs.
- A part-time interpreter was hired in order to allow LEP IPs to participate in group didactic sessions and academic and Career Technical Education (CTE) programs. This interpreter will also assist with volunteer and religious programming. (Note: This interpreter began work at EMCF two weeks after the end of the reporting period. The Monitor spoke with several LEP IPs who were extremely pleased to have this interpreter available to them).
- The education department has procured eleven of their CTE course curriculums and materials in Spanish.
- EMCF staff from Programs and Support Services, Education, and Chaplaincy Services continue to meet with the Mandarin and Creole speaking incarcerated individuals on a weekly basis utilizing the language line to assist in identifying urgent areas of need.
- Ms. Thompson, EMCF's LEP coordinator, continued to conduct focus groups with all the LEP IPs to gather feedback on their concerns, to provide information, and to problem-solve
- The Assistant Commissioner of the Division of Programs conducted her second listening session with LEP IPs.
- EMCF Medical staff continue to offer pre-test and post-visit consultations through the Language Line to enhance accessibility for LEP IPs.

The Monitor and her Associate spoke with custody line staff, who understood they were required to call a supervisor whenever they needed to use the language line to communicate with an LEP IP. They also spoke with custody supervisors, who were familiar with the language line and how to use it. Most supervisors had successfully used it before and felt confident in their ability to do so. Additionally, most staff knew that if they spoke the LEP's native language, primarily Spanish, they could provide simple directions or answer basic questions, but were not permitted to discuss critical areas such as discipline, classification, medical, or mental health.

The Monitor and her Associate also spoke with eight (8) incarcerated persons with Limited English Proficiency (LEP). When asked how they communicate with staff when they need something, most acknowledged that most staff who speak Spanish talk with them about "little things," such as when they have an appointment, answering questions about the activity times, or fulfilling requests. However, some staff who speak Spanish have told IPs that they will not talk to them in Spanish. This is a preference. There is no requirement that a staff member who speaks another language must use that language to communicate with an IP. Some IPs stated that they have friends who speak Spanish and rely on them for help. Some noted that the officers still use another Spanish-speaking incarcerated person when no officer speaks Spanish. All the LEP IPs acknowledged that they knew they had the right to be safe from all forms of sexual abuse and sexual harassment. All reported that they know how to report allegations of sexual abuse, sexual harassment, or retaliation and gave examples of how they can

(or in some cases did) report such allegations. Except for one LEP IP, all others knew that when they picked up the phone with SID/SVU, that call is documented and will be followed up on, even if the IP doesn't say anything. SID/SVU explained that they follow up on any such phone call by speaking with the IP in person and using the language line as necessary.

In the last monitoring report, the Monitor discussed the crucial distinction between having an LEP IP ask another LEP IP to interpret for them and having custody staff solicit another incarcerated person to interpret for a LEP. For the most part, the Monitor saw significant improvement in this area. The one exception is that IPs from both North and South halls reported that some officers still use other IPs to interpret for them. This is the maximum-security compound area. When asked, both staff and IPs acknowledged that the use of interpreters should always be at the IP's discretion.

NJDOC and Edna Mahan have made significant strides in ensuring that all LEP incarcerated persons have access to interpretation and translation services as required by Title VI of the Civil Rights Act, particularly in implementing the Settlement Agreement. The necessary policies and procedures are now in place, creating an effective system for identifying and communicating with LEP IPs. The language line is regularly offered and utilized in critical areas, including discipline, classification, orientation, PREA reporting, investigations, and medical and mental health services.

Non-certified bilingual custody staff understand that they may provide simple directions or answer basic questions but cannot convey information related to critical areas. Additionally, all LEP IPs the Monitor spoke with were aware of their right to use the language line. They now have cards to present to staff whenever they need interpretation services. As one long-term LEP IP at EMCF put it, *"There is a world of difference between how we could communicate before and how we can communicate now."*

Recommendations re M. Limited English Proficient (LEP) Prisoners ¶ 90:

EMCF continues to educate staff that requesting other incarcerated individuals to interpret for them should only be at the IP's request.

EMCF spot check or otherwise monitor the facility to ensure that officers are not relying on other IPs to interpret instead of offering language line services.

IV. QUALITY IMPROVEMENT AND DATA COLLECTION

¶ 91. Within eighteen (18) months of the Effective Date, NJDOC and Edna Mahan shall develop and implement a quality improvement program, as described in the paragraphs below, to identify and address any trends and deficiencies in Edna Mahan's systems for prevention, detection and response to sexual abuse and sexual harassment at Edna Mahan, and to assess and ensure compliance with the terms of this Agreement.

Requirements:

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 91:

Edna Mahan Level 3 policy which establishes responsibilities and procedures for a quality improvement program to identify and address any trends and deficiencies in EMCF systems for prevention, detection, and response to sexual abuse and sexual harassment at Edna Mahan, signed by Edna Mahan administrator no later than February 24, 2023.

¶92/¶93 - Copies of Quality Improvement meeting minutes.

Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 91:

2/24/25 Status Report

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The Moss Group consultants have been instrumental with assisting NJDOC with making improvements with the collection, review, and analyzation of data, inclusive of additional data indicators to be collected and defining key indicator terms. The EMCF Quality Improvement Team comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review and analyze data. NJDOC continues to collect data manually until a formal computer-based tracking system can be secured.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. An in-depth review of the data factors was conducted by Committee members who made recommendations for additional data to be collected in an effort to best identify potential trends and necessary corrective action.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 91:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 91:

EMCF shared a draft policy, IMP RMS #001, "Quality Improvement and Data Collection," with the Monitor and DOJ. The review/revision process is underway, and this policy has not yet been finalized.

EMCF conducted monthly Quality Improvement (QI) meetings during this reporting period. Additionally, EMCF held its third-quarter meeting on October 23, 2024, and its fourth-quarter meeting on January 29, 2025. The Monitor and the DOJ received the meeting minutes for both quarterly meetings. During these meetings, the QI committee members examined and analyzed data from July to September 2024 and October to December 2024 to identify patterns and irregularities in allegations of sexual abuse, harassment, and retaliation.

The Monitor attended three QI meetings during this reporting period and was impressed with the structure/functioning of the committee. The agenda for each meeting included looking at the data for the following (required in the Settlement Agreement)

- Total number of investigations initiated regarding allegations of sexual abuse, sexual harassment, and retaliation
- The number of PREA-related allegations involving staff from EMCF referred for criminal investigation and the number of criminal prosecutions
- The number of sexual abuse, sexual harassment, and retaliation allegations that occurred on each shift
- Locations within EMCF where alleged sexual abuse and sexual harassment occurred
- Number of forensic medical exams, exams performed by sexual assault forensic examiners, and exams performed by sexual assault nurse examiners
- Number of administrative investigations pending more than 90 days
- Total number of closed investigations, total number substantiated, total number unsubstantiated, and total number of unfounded complaints of sexual abuse or sexual harassment

- The number of all grievances related to sexual abuse or sexual harassment, emergency grievances, and the number of grievances referred to EMCF's SID for investigations
- Number of times NJDOC or EMCF has determined that an EMCF IP was subject to a substantial risk of imminent sexual or physical abuse
- Number of IPs who were held in or assigned to involuntary segregation because of a risk of or report of sexual victimization
- Number of instances when IPs were used to act as interpreters for other IPs in connection with sexual abuse or sexual harassment allegations or investigations
- Number and names of pregnant IPs at EMCF
- Incidents of self-harm
- Staffing levels, by gender, during different shifts
- Number of cross-gender strip, visual cavity, and pat-down searches
- Number of staff who improperly entered or allegedly improperly entered shower or toilet areas at EMCF unannounced and without justification
- Number of staff who allegedly used sexually explicit, profane, vulgar, degrading, racially insensitive or offensive language on a frequent or repeated basis at EMCF
- Number of staff who allegedly were located in areas other than their assigned post at EMCF on a frequent or repeated basis
- Number of staff who were disciplined for actions at EMCF involving sexual abuse, sexual harassment, use of sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language, or unprofessional staff conduct with IPs, including terminations, suspensions, and resignations
- Number of staff who resigned while a sexual abuse or sexual harassment allegation or other investigation was pending at EMCF.
- Number of EMCF staff disciplined for on or off-duty conduct related to sexual abuse or sexual harassment or is a potential risk factor related to sexual abuse, such as employee misconduct at EMCF related to contraband or undue familiarity, or for off-duty conduct related to domestic violence or drug trafficking
- Staff reports of training attendance, frequency, and completion rates.

Additionally, the RMS Committee added the following data points:

- Breakdown of types of grievances
- Names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation
- Implementation of footnotes to provide more detailed information
- An expansion of staff training data
- Breakdown of staffing which separates weekday and weekend/holiday shifts

- Identification of whether cases were deemed administrative or criminal

The Monitor was very pleased to see the QI committee's initiative in adding data points to the Risk Management System. This demonstrates that the Committee is not just “going through the motions” because it is required in the Settlement Agreement. Rather, they are genuinely focused on looking at the data that may be valuable in ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation.

Recommendations re Quality Improvement and Data Collection ¶ 91:

Continue to hold RMS monthly and quarterly meetings.

¶ 92. Within twelve (12) months of the Effective Date, Edna Mahan will draft and/or revise any quality improvement policies and procedures, consistent with the process in the Policies and Procedures Section, Section III.A, to identify and address systemic deficiencies, if identified, in Edna Mahan's sexual safety system.

Requirements:

- ¶ 94. The Edna Mahan RMS data collection shall include:
- a. Number of substantiated prisoner and third-party reports of:
 - i. sexual abuse at Edna Mahan;
 - ii. sexual harassment at Edna Mahan;
 - iii. cross-gender staff presence in the shower and toilet areas of the bathrooms at Edna Mahan;
 - iv. Edna Mahan staff located in areas other than their assigned posts; and
 - v. retaliatory treatment and threats to prisoners or third parties, including disciplinary actions or housing relocation;
 - b. Number and names of Edna Mahan staff who:
 - i. engaged in or allegedly engaged in sexual abuse at Edna Mahan;
 - ii. engaged in or allegedly engaged in sexual harassment at Edna Mahan;
 - iii. allegedly violated the privacy rights of prisoners at Edna Mahan by entering the shower and toilet areas unannounced and without justification;
 - iv. allegedly used sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language on a frequent or repeated basis at Edna Mahan;
 - v. allegedly were located in areas other than their assigned post at Edna Mahan on a frequent or repeated basis;
 - vi. were disciplined for actions at Edna Mahan involving sexual abuse, sexual harassment, use of sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language, or unprofessional staff conduct with prisoners, including terminations, suspensions, and resignations; and
 - vii. resigned while a sexual abuse or sexual harassment allegation, or other investigation, was pending at Edna Mahan;
 - c. Number of forensic medical exams, exams performed by sexual assault forensic examiners, and exams performed by sexual assault nurse examiners;

- d. Staffing levels, by gender, during different shifts;
- e. The number of sexual abuse and sexual harassment allegations that occurred on each shift;
- f. Locations within Edna Mahan where alleged sexual abuse and sexual harassment occurred;
- g. Number of prisoners who were held in or assigned to involuntary segregation because of a risk of or report of sexual victimization;
- h. Number and names of pregnant prisoners at Edna Mahan;
- i. Number of cross-gender strip, visual cavity, and pat-down searches;
The number of all grievances related to sexual abuse or sexual harassment, emergency grievances, and number of grievances referred to Edna Mahan's Special Investigations Division for investigation;
- j. Number of times NJDOC or Edna Mahan has determined that an Edna Mahan prisoner was subject to substantial risk of imminent sexual or physical abuse;
- k. Number of administrative investigations initiated regarding allegations of sexual abuse or sexual harassment;
- l. Number of sexual abuse or sexual harassment investigations that involved extensions because a final decision had not been reached within 90 days;
- m. Number of instances when prisoners were used to act as interpreters for other prisoners in connection with sexual abuse or sexual harassment allegations or investigations;
- n. Total number of investigations, total number substantiated, total number unsubstantiated, and total number unfounded complaints of sexual abuse or sexual harassment;
- o. Number of PREA-related allegations involving staff from Edna Mahan referred for criminal investigation and the number of criminal prosecutions;
- p. Number of Edna Mahan staff disciplined for on- or off-duty conduct related to sexual abuse or sexual harassment or is a potential risk factor related to sexual abuse, such as employee misconduct at Edna Mahan related to contraband or undue familiarity, or for off-duty conduct related to domestic violence or drug trafficking;
- q. Number of times a substantiated incident of retaliation occurred involving Edna Mahan staff or prisoners;
- r. NJDOC, Edna Mahan, and staff reports of training attendance, frequency, and completion rates; and
- s. Incidents of self-harm.

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 92:

- Edna Mahan Level 3 policy which establishes responsibilities and procedures for the collection of data, including a Risk Management System, and its use in a Quality Improvement (QI) system at Edna Mahan in order to improve operations, ensure women prisoners are treated with dignity and respect, and to protect the safety and security of prisoners drafted by August 24, 2022, and signed by Edna Mahan administrator no later than February 24, 2023

- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan regarding collection of data, including a Risk Management System, and a Quality Improvement (QI) system at Edna Mahan
- Copies of Quality Improvement meeting minutes

Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 92:

2/24/25 Status Report

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation. The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 92:

- ☐ Substantial Compliance
- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required until [date]
- ☒ N/A monitor granted an extension until August 24, 2025

Monitor's Discussion re Quality Improvement and Data Collection ¶ 92:

EMCF shared a draft policy, IMP RMS #001, "Quality Improvement and Data Collection," with the Monitor and DOJ. The review/revision process is underway, and this policy has not yet been finalized.

Recommendations re Quality Improvement and Data Collection ¶ 92:

Finalize IMP RMS #001, "Quality Improvement and Data Collection,"

- ¶ 93. NJDOC and Edna Mahan shall develop, implement, and maintain a Risk Management System (“RMS”) that will document and track facility trends at Edna Mahan related to allegations of: (1) sexual abuse; (2) sexual harassment; and (3) retaliation for reporting sexual abuse or sexual harassment.
- a. The RMS shall ensure that trends and incidents involving sexual abuse and sexual harassment are identified and corrected in a timely manner.
 - b. The RMS will collect, consolidate, analyze, track, and otherwise use its data described in this this Section to assist with the prevention of sexual abuse and sexual harassment.

Requirements:

- ¶ 94. The Edna Mahan RMS data collection shall include:
- a. Number of substantiated prisoner and third-party reports of:
 - i. sexual abuse at Edna Mahan;
 - ii. sexual harassment at Edna Mahan;
 - iii. cross-gender staff presence in the shower and toilet areas of the bathrooms at Edna Mahan;
 - iv. Edna Mahan staff located in areas other than their assigned posts; and
 - v. retaliatory treatment and threats to prisoners or third parties, including disciplinary actions or housing relocation;
 - b. Number and names of Edna Mahan staff who:
 - i. engaged in or allegedly engaged in sexual abuse at Edna Mahan;
 - ii. engaged in or allegedly engaged in sexual harassment at Edna Mahan;
 - iii. allegedly violated the privacy rights of prisoners at Edna Mahan by entering the shower and toilet areas unannounced and without justification;
 - iv. allegedly used sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language on a frequent or repeated basis at Edna Mahan;
 - v. allegedly were located in areas other than their assigned post at Edna Mahan on a frequent or repeated basis;
 - vi. were disciplined for actions at Edna Mahan involving sexual abuse, sexual harassment, use of sexually explicit, profane, vulgar, degrading, or racially insensitive or offensive language, or unprofessional staff conduct with prisoners, including terminations, suspensions, and resignations; and
 - vii. resigned while a sexual abuse or sexual harassment allegation, or other investigation, was pending at Edna Mahan;

- c. Number of forensic medical exams, exams performed by sexual assault forensic examiners, and exams performed by sexual assault nurse examiners;
- d. Staffing levels, by gender, during different shifts;
- e. The number of sexual abuse and sexual harassment allegations that occurred on each shift;
- f. Locations within Edna Mahan where alleged sexual abuse and sexual harassment occurred;
- g. Number of prisoners who were held in or assigned to involuntary segregation because of a risk of or report of sexual victimization;
- h. Number and names of pregnant prisoners at Edna Mahan;
- i. Number of cross-gender strip, visual cavity, and pat-down searches;
The number of all grievances related to sexual abuse or sexual harassment, emergency grievances, and number of grievances referred to Edna Mahan's Special Investigations Division for investigation;
- j. Number of times NJDOC or Edna Mahan has determined that an Edna Mahan prisoner was subject to substantial risk of imminent sexual or physical abuse;
- k. Number of administrative investigations initiated regarding allegations of sexual abuse or sexual harassment;
- l. Number of sexual abuse or sexual harassment investigations that involved extensions because a final decision had not been reached within 90 days;
- m. Number of instances when prisoners were used to act as interpreters for other prisoners in connection with sexual abuse or sexual harassment allegations or investigations;
- n. Total number of investigations, total number substantiated, total number unsubstantiated, and total number unfounded complaints of sexual abuse or sexual harassment;
- o. Number of PREA-related allegations involving staff from Edna Mahan referred for criminal investigation and the number of criminal prosecutions;
- p. Number of Edna Mahan staff disciplined for on- or off-duty conduct related to sexual abuse or sexual harassment or is a potential risk factor related to sexual abuse, such as employee misconduct at Edna Mahan related to contraband or undue familiarity, or for off-duty conduct related to domestic violence or drug trafficking;
- q. Number of times a substantiated incident of retaliation occurred involving Edna Mahan staff or prisoners;
- r. NJDOC, Edna Mahan, and staff reports of training attendance, frequency, and completion rates; and
- s. Incidents of self-harm.

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 93:

- Edna Mahan Level 3 policy which establishes responsibilities and procedures for the collection of data, including a Risk Management System, and its use in a Quality Improvement (QI) system at Edna Mahan in order to improve operations, ensure women prisoners are

treated with dignity and respect, and to protect the safety and security of prisoners drafted by August 24, 2022, and signed by Edna Mahan administrator no later than February 24, 2023

- Any memos, written directives from the Commissioner, Deputy Commissioner and/or Administrator that addresses procedures, and practices at Edna Mahan regarding collection of data, including a Risk Management System, and a Quality Improvement (QI) system at Edna Mahan
- Copies of Quality Improvement meeting minutes

Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 93:

2/24/25 Status Report

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation. The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 93:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 93:

NJDOC and Edna Mahan have developed, implemented, and is currently maintaining a manual Risk Management System (RMS). NJDOC is currently looking at developing a formal computer-based RMS tracking system. As noted above, the Quality Improvement Committee meetings and RMS have improved greatly during this past reporting period. EMCF has begun to track facility trends related to allegations of (1) sexual abuse, (2) sexual harassment, and (3) retaliation for reporting sexual abuse or sexual harassment. They are also developing manual methods for the RMS system to interact with other NJDOC tracking systems, including the Early Warning System—a statewide database managed by the Special Investigation Unit—and the Administrative Refer Tracking Form, a process implemented by the NJDOC Operations Division.

Recommendations re Quality Improvement and Data Collection ¶ 93:

Continue to maintain a Risk Management System that ensures trends and incidents involving sexual abuse and sexual harassment are identified and corrected promptly.

- ¶ 95. Edna Mahan shall aggregate the data collected on a quarterly basis and review data aggregated in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices, and training, including by:
- a. Identifying potential patterns, changes, and problem areas (including for individual officers; for individual prisoners; and for housing units); to include problems in Edna Mahan's staffing levels, policies, practices, staff discipline system, and staff and prisoner training/education that might have contributed to those patterns if such patterns reflect increased sexual abuse and sexual harassment, decreased sexual abuse and sexual harassment detection, or inadequate responses to sexual abuse and sexual harassment;
 - b. Identifying staff or supervisors in need of retraining, performance plans, and discipline, while considering the employee's general responsibilities and specific assignment;
 - c. Developing intervention options, as appropriate, to facilitate an effective response to identified problems;
 - d. Taking corrective action on an ongoing basis; and
 - e. Preparing semi-annual reports of its findings and corrective actions, including a comparison to the findings in previous reports to assess progress.

Requirements:

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 95:

- Quarterly copies of the aggregated data beginning January 5, 2023, for the second quarter of the year, 2023
- Corrective action plans developed as a result of data review/QI meetings, beginning June 2023
- Copies of semi-annual reports beginning 2023

**NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 95:
2/24/25 Status Report**

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation. The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured. Furthermore, the QIC implemented a means to identify issues and communicate these findings to the appropriate staff that require follow-up and/or corrective action. A process has been added to monthly meetings in which members report on outcomes of items requiring further action. These actions are formally documented in meeting minutes.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025. This report contains findings and corrective action for Q3 and Q4.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 95:

[X] Substantial Compliance

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required at this time
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 95:

As noted above, EMCF conducted monthly Quality Improvement (QI) meetings during this reporting period. Additionally, EMCF held its third-quarter meeting on October 23, 2024, and its fourth-quarter meeting on January 29, 2025. The Monitor and the DOJ received the meeting minutes for both quarterly meetings. During these meetings, the QI committee members examined and analyzed data from July to September 2024 and October to December 2024, to identify patterns and irregularities in allegations of sexual abuse, harassment, and retaliation.

Two of the three meetings the Monitor attended were quarterly QI meetings held during this reporting period. In both the quarterly meetings, the QI committee members reviewed aggregated data to assess the effectiveness of its sexual abuse and sexual harassment policies, practices, and training. The Committee identified and discussed:

- Potential patterns, changes, and problem areas (including for individual officers; for individual IPs and for housing units);
- EMCF's staffing levels
- Staff in need of retraining, and/or performance plans
- Strategies for IPs
- Intervention strategies as appropriate, for identified problems.

Additionally on February 24, 2025, the Monitor and the DOJ received a semi-annual report of the RMS/QI committee's findings and corrective actions. This report contained findings and corrective action for Q3 and Q4 and included a comparison to the findings in the previous report to assess progress.

Recommendations re Quality Improvement and Data Collection ¶ 95:

Continue to maintain a Risk Management System that will ensure trends and incidents involving sexual abuse and sexual harassment are identified and corrected in a timely manner.

- ¶ 96. The RMS will rely on the data analysis described above. All appropriate supervisors and investigative staff shall have access to this data described above.
- a. Edna Mahan's Administrator shall use information from the RMS to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level.
 - b. Supervisors assigned to Edna Mahan will assure that remedial activities are completed, as well as report if the intervention was effective in changing behaviors.
 - c. The executive staff member responsible for women's facilities, or designee, will manage the RMS and will conduct quarterly audits of the RMS to ensure that analysis and intervention are working effectively, and to identify potential patterns or trends resulting in harm to prisoners.

Requirements:

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 96:

- ¶92/¶93 - Edna Mahan Level 3 policy which establishes responsibilities and procedures for the collection of data, including a Risk Management System, and its use in a Quality Improvement (QI) system at Edna Mahan in order to improve operations, ensure women prisoners are treated with dignity and respect, and to protect the safety and security of prisoners drafted by August 24, 2022, and signed by Edna Mahan administrator no later than February 24, 2023
- a. Corrective action plans developed by Edna Mahan's Administrator, both on an individual and systemic level, beginning June 2023
Interview with Edna Mahan Administrator
 - b. Copies of documentation from supervisors verifying that the identified remedial activities were completed beginning June 2023.
Copies of documentation from supervisors verifying that the identified remedial activities were effective in changing staff behaviors beginning June 2023
Interviews with at least three Edna Mahan Supervisors during on-site visits
 - c. Quarterly copies of the audits of the RMS conducted by the Assistant Commissioner for Women's Services beginning July 5, 2023, for the

second quarter (Q2) of the year, 2023 Interviews with Assistant Commissioner for Women's Services

**NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 96:
2/24/25 Status Report**

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation. The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured. Furthermore, the QIC implemented a means to identify issues and communicate these findings to the appropriate staff that require follow-up and/or corrective action. A process has been added to monthly meetings in which members report on outcomes of items requiring further action. These actions are formally documented in meeting minutes.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025. This report contains findings and corrective action for Q3 and Q4.

Assistant Commissioner Helena Tome is responsible for oversight of the RMS and conducted a quarterly audit at the conclusion of Quarters 3 and 4.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 96:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required at this time

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 96:

EMCF shared a draft policy, IMP RMS #001, "Quality Improvement and Data Collection," with the Monitor and DOJ. The review/revision process is underway, and this policy has not yet been finalized. However, when discussing the Risk Management Coordinator's responsibilities, page 6 of 12 states, "The RMS Coordinator will provide all appropriate supervisors and investigative staff access to the data collection to assist in these on-going assessments. Additionally, page 8 of 12 states, "The Administrator shall use information from the RMS to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. The Administrator will assure that remedial activities are completed, as well as reported to the Assistant Commissioner of Women's Services if the intervention was effective in changing behaviors."

EMCF held two quarterly RMS meetings during this reporting period: on October 23, 2024, and January 29, 2025. The Monitor and the DOJ received meeting minutes for these quarterly meetings.

EMCF conducted monthly Quality Improvement (QI) meetings during this reporting period. Additionally, EMCF held its third-quarter meeting on October 23, 2024, and its fourth-quarter meeting on January 29, 2025. The Monitor and the DOJ received the meeting minutes for both quarterly meetings. During these meetings, the QI committee members examined and analyzed data from July to September 2024 and October to December 2024 to identify patterns and irregularities in allegations of sexual abuse, harassment, and retaliation. The report also includes the appropriate supervisors and investigative staff with access to the data described above.

Assistant Commissioner Helena Tome is the executive staff member responsible for overseeing the RMS. Her audit of the RMS was included in the Semi-Annual report.

Recommendations re Quality Improvement and Data Collection ¶ 96:

Continue to maintain a risk Management system that will ensure trends and incidents involving sexual abuse and sexual harassment are identified and corrected in a timely manner.

¶ 97. NJDOC and Edna Mahan will provide to the Monitor and DOJ on a semi-annual basis a list of all staff members identified through the RMS, and any corrective action, if taken. On an annual basis, NJDOC and Edna Mahan shall conduct a documented review of the RMS

to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. NJDOC and Edna Mahan will document their review and conclusions and provide them to the Monitor and DOJ.

Requirements:

The fact that a staff member is identified through the RMS does not necessarily mean that corrective action should be taken.

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 97:

- A list of staff members identified through the RMS, and the corrective action taken (if any) provided semi-annually, beginning July 2023
- A copy of the annual documented review of the Risk Management System provided to the DOJ and Monitor, beginning in the year 2024

Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 97:

2/24/25 Status Report

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation. The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured. Furthermore, the QIC implemented a means to identify issues and communicate these findings to the appropriate staff that require follow-up and/or corrective action. A process has been added to monthly meetings in which members report on outcomes of items requiring further action. These actions are formally documented in meeting minutes.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2024) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025. This report contains findings and corrective action for Q3 and Q4.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 97:

[X] Substantial Compliance

- ☐ Partial Compliance
- ☐ Non-compliance
- ☐ N/A not required at this time
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 97:

On February 24, 2025, the Monitor and the DOJ received the second semi-annual report of the RMS/QI committee's findings and corrective actions. This report covered the period of July 1 – December 31, 2024, and contained findings and corrective action for Q3 and Q4.

In the third quarter of 2024, there were no substantiated cases of sexual abuse, sexual harassment or retaliation. The following trends were identified in PREA-related allegations reported during the third quarter:

- The shift during which a sexual abuse or sexual harassment incident allegedly took place was most often unknown or unreported by the IP and there were no reports of a sexual abuse or sexual harassment incident allegedly occurring on third shift
- The primary locations where sexual abuse and sexual harassment allegedly occurred were general population housing units and close custody units
- Grievances and inquiries related to sexual harassment were over two times higher in July than they had been in August
 - This data was based on JPAYs to Administration tagged as PREA-related by the sender; the Moss Group's August visit inclusive of IP focus groups, and IPs used JPAY to request to participate, which may have skewed these numbers to some extent
- Staffing was lowest on weekends and Mondays
- Fewer female supervisors than males are available on third shift; however, there are a comparable number of female and male officers on third shift

In the third quarter of 2024, there were no staff identified as being in need of retraining, performance plans, or discipline related to subjects covered in the Consent Decree or as a result of the RMS. No interventions and no corrective action were required during the third quarter of 2024.

In the fourth quarter of 2024, there were no substantiated cases of staff-on-IP sexual abuse and one (1) substantiated case of IP on IP sexual harassment. The following trends were identified in PREA-related allegations reported during the fourth quarter:

- There were no repeated staff name as alleged perpetrators of sexual abuse or sexual harassment from Q3 to Q4

- Several identified repeat IPs allegedly engaged in sexual abuse or sexual harassment from Q3 to Q4
- Again, the shift during which a sexual abuse or sexual harassment incident allegedly took place was most often unknown or unreported by the IP
- An uptick in allegations of sexual abuse and sexual harassment allegedly occurring at the Satellite location were reported during Q4, compared to Q3.
- Grievances and inquiries related to sexual abuse decreased by 50% in December compared to October
- Periods of reduced staffing coverage were identified.
- Fewer female officers and supervisors than males are available for each given shift; this issue is even more significant as to supervisors

In the fourth quarter of 2024, there were no staff identified as being in need of retraining, performance plans, or discipline related to subjects covered in the Consent Decree or as a result of the RMS. Additionally, there were no interventions or corrective action required during the fourth quarter of 2024.

Leanne Scott, Director of Women's Services and Amelia Renshaw, EMCF's Institutional PREA Compliance Manager (IPCM) are responsible for managing the RMS and conducting quarterly audits, in consultation with Assistant Commissioner (AC) Helena Tome. On an annual basis, the AC is responsible for conducting a documented review of the RMS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This review was included in the second semi-annual report of the RMS.

Recommendations re Quality Improvement and Data Collection ¶ 97:

Continue to identify areas for improvement in data collection and analysis, as well as resulting interventions.

- ¶ 98. If either the aggregated data referenced in Paragraph 95 indicates in three consecutive RMS reports a consistent failure to improve protection of prisoners from sexual abuse and sexual harassment by staff, or if there are increases in any of the following:
- a. cases of staff-on-prisoner sexual abuse that are not unfounded;
 - b. cases of staff-on prisoner sexual harassment that are not unfounded;
 - c. cases of staff discipline for sexual abuse, sexual harassment, or staff use of sexually explicit, profane, vulgar, degrading, or racially insensitive offensive language directed at a prisoner; NJDOC and Edna Mahan shall make modifications to Edna Mahan's policies, procedures and/or practices to address the increase within 60 days of the third consecutive report.

Nothing in this section prevents NJDOC and Edna Mahan from making modifications sooner than this or as data and/or incidents indicate a need for adjustment.

Requirements:

Monitor's Measure of Compliance re Quality Improvement and Data Collection ¶ 98:

- Revised policies, procedures, and/or practices as a result of the Risk Management System identifying a consistent failure to improve protection of prisoners from sexual abuse or sexual harassment by staff
 - Interview with Edna Mahan Administrator
 - Interview with at least two members of the Quality Improvement meetings (other than the Edna Mahan Administrator)
- ¶95 - Quarterly copies of the aggregated data beginning July 5, 2023, for the previous quarter of the year 2023 (Q2)

Steps taken by NJDOC and EMCF towards implementation re Quality Improvement and Data Collection ¶ 98:

2/24/25 Status Report

IMP RMS #001 Quality Improvement and Data Collection Level 3 policy has been drafted, and is presently under final review by the Department of Justice (DOJ) and the Federal Monitor. The EMCF Quality Improvement Committee (QIC) comprised of the Women's Services Director, EMCF Administrator, IPCM, Majors, Administrative Lieutenant, Training Lieutenant, Human Resources Manager, Personnel Assistant, and SID continues to meet on a monthly basis to review data. In addition to the required data, as outlined in paragraph 92, the Quality Improvement Committee identified additional data points that may be of value with ensuring incarcerated individuals remain free and safe from sexual abuse, sexual harassment, and retaliation.

The additional indicators collected includes: the breakdown of types of grievances; the names of staff and incarcerated persons who reportedly engaged in or reported alleged acts of sexual abuse, sexual harassment, and/or retaliation; the implementation of footnotes to provide more detailed information; an expansion of staff training data; a breakdown of staffing which separates weekday and weekend/holiday shifts; and the identification of whether cases were deemed administrative or criminal. NJDOC continues to collect this data manually until a formal computer-based tracking system can be secured. Furthermore, the QIC implemented a means to identify issues and communicate these findings to the appropriate staff that require follow-up and/or corrective action. A process has been added to monthly meetings in which members report on outcomes of items requiring further action. These actions are formally documented in meeting minutes.

The Moss Group facilitated an in-person RMS Workshop at EMCF with all Quality Improvement Committee members on October 23, 2024 at which time the RMS policy was reviewed and data collection and quality management practices were reviewed. EMCF held the Quarter 3 (October 23, 2024) and the Quarter 4 (January 29, 2025) RMS QI Meetings at which time members reviewed and analyzed data from July – September 2024 and October – December 2024 to identify trends and abnormalities in allegations of sexual abuse, harassment, and retaliation. A semi-annual RMS report was submitted to the Federal Monitor on February 24, 2025. This report contains findings and corrective action for Q3 and Q4. The third semiannual risk management report will be due to DOJ and the Monitor on or around August 24, 2025.

Monitor's Finding of Compliance re Quality Improvement and Data Collection ¶ 98:

- ☐ Substantial Compliance
- ☐ Partial Compliance
- ☐ Non-compliance
- ☒ **N/A not required until August 24, 2025**
- ☐ N/A monitor granted an extension until [date]

Monitor's Discussion re Quality Improvement and Data Collection ¶ 98:

Recommendations re Quality Improvement and Data Collection ¶ 98:

VI. NJDOC AND EDNA MAHAN'S REPORTING REQUIREMENTS

¶ 104. NJDOC and Edna Mahan shall provide to the Monitor and DOJ a semi-annual Status Report until the Agreement is terminated, the first of which shall be submitted within six months of the Effective Date.

Requirements:

- ¶ 105. Each Status Report shall describe the actions NJDOC and Edna Mahan have taken during the reporting period to implement this Agreement and shall make specific reference to the Agreement provisions being implemented. The report shall also summarize audits and quality improvement activities and contain findings and recommendations that would be used to track and trend data compiled at Edna Mahan.
- ¶ 106. NJDOC and Edna Mahan shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to DOJ at all reasonable times for inspection and copying. In addition, NJDOC and Edna Mahan shall maintain and submit upon request records or other documents to verify that they have taken such actions as described in their Status Reports (e.g., census summaries, policies, procedures, protocols, training materials and incident reports) and will also provide to DOJ all documents reasonably requested by DOJ.

Monitor's Measure of Compliance re NJDOC and EMCF Reporting Requirements ¶ 104:

¶ 104 – Status Report submitted to the DOJ and Monitor on, or before, the following dates:

- February 24, 2022
- August 24, 2022
- February 24, 2023
- August 24, 2023
- February 24, 2024
- August 24, 2024

And other dates, as needed, until the Agreement is terminated.

Steps taken by NJDOC and EMCF towards implementation NJDOC and EMCF Reporting Requirements ¶ 104:

2/24/22 Status Update

NJDOC provided its first status report to DOJ and the Monitor on February 24, 2022.

8/24/22 Status Report

NJDOC provided its second status report to DOJ and the Monitor on August 24, 2022.

2/24/23 Status Report

NJDOC provided its third status report to DOJ and the Monitor on February 24, 2023.

8/24/23 Status Report

NJDOC provided its fourth status report to DOJ and the Monitor on August 24, 2023.

2/24/24 Status Report

NJDOC provided its fifth status report to DOJ and the Monitor on February 26, 2024 (because February 24 fell on a weekend day).

8/24/24 Status Report

NJDOC provided its sixth status report to DOJ and the Monitor on August 23, 2024 (because August 24 fell on a weekend day).

2/24/25 Status Report

NJDOC provided its seventh status report to DOJ and the Monitor on February 24, 2025.

Monitor's Finding of Compliance re NJDOC and EMCF Reporting Requirements ¶ 104:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re NJDOC and EMCF Reporting Requirements ¶ 104:

On February 24, 2025, the Monitor and DOJ received a Status Report from NJDOC. Part of the status report described NJDOC and Edna Mahan's actions during the reporting period to implement the Settlement Agreement. The descriptions, which referenced the Agreement paragraphs being implemented, are included in this monitoring report titled, "NJDOC Discussion: Steps taken by NJDOC and EMCF towards implementation. Additionally, the Status Report also summarized activities NJDOC and Edna Mahan have taken to improve conditions (including, but not limited to, sexual safety) at the facility.

Recommendations re NJDOC and EMCF Reporting Requirements ¶ 104:

Continue to provide to the Monitor and DOJ a semi-annual Status Report until the Agreement is terminated.

¶ 109. Within 72 hours of an incident or report, NJDOC shall notify DOJ upon any incident or allegations of sexual abuse or retaliation and/or injury requiring emergency medical attention related to an allegation sexual abuse. With this notification, NJDOC and Edna Mahan shall forward to DOJ any related incident reports and medical and/or mental health reports and investigations as they become available.

Requirements:

Monitor's Measure of Compliance re DOJ's Right of Access ¶ 109:

Notices of all incidents or allegations of sexual abuse or retaliation submitted to the Monitor and DOJ within 72 hours of the incident or report. Notices should include, but not be limited to:

- Name of person making report
- Name of alleged victim
- Name of staff involved in allegation
- Incident number
- Date of incident
- Date of notification
- Status of housing assignment for prisoner
- Restrictions of assignments for staff (if any)
- Any other preliminary reports/information available

Steps taken by NJDOC and EMCF towards implementation DOJ's Right of Access ¶ 109:

2/24/25 Status Report

In the current reporting period, a total of 61 allegations pertaining to this section have either been investigated by SID or are currently under investigation. Among these 61 cases, 14 cases have been officially closed, 32 are awaiting administrative investigation, and 15 are currently undergoing review by the respective County Prosecutor's Office. Among the cases that have been closed, 6 were determined to be unfounded, 1 case was substantiated and 7 were unsubstantiated.

Monitor's Finding of Compliance re DOJ's Right of Access ¶ 109:

[X] Substantial Compliance – Although the Monitor determined this paragraph is in substantial compliance, the Monitor is concerned about the practice of NJDOC determining that certain allegations “do not meet the PREA criteria”. Please see the last paragraph of this section.

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re DOJ's Right of Access ¶ 109:

Since August 24, 2021, with rare exception, NJDOC has notified DOJ and the Monitor any incident or allegations of sexual abuse or retaliation and/or injury requiring emergency medical attention related to an allegation sexual abuse within 72 hours. At a minimum, the notices have included:

- The name of person making report
- The name of alleged victim
- The name of staff involved in allegation
- The incident number
- The date of incident
- The date of notification to Edna Mahan and NJDOC
- The status of housing assignment for the alleged victim
- Restrictions of assignments for staff (if any)
- Any other preliminary reports/information available

NJDOC has also forwarded to DOJ and the Monitor any related incident reports and medical and/or mental health reports and completed investigations as they become available. Additionally, NJDOC and Edna Mahan staff maintain, and have submitted a copy, to DOJ and the Monitor, a spreadsheet documenting all allegations of sexual abuse, sexual harassment, retaliation for reporting, and/or staff neglect or violation of responsibilities that may have contributed to these incidents, as well as the information noted above. NJDOC, DOJ, and the Monitor continue to meet monthly to review this spreadsheet and discuss any noteworthy cases.

During the enhanced review of investigative cases, the Monitor identified three instances in which NJDOC, specifically the Special Investigations Division (SID), characterized IP retaliation allegations as “not PREA complaints” because the allegations “did not meet PREA criteria.” When an allegation is categorized as “not PREA” in this way, neither the DOJ nor the Monitor is notified according to Paragraph 109 of the Settlement Agreement. Although SID reports that the allegation is investigated for non-PREA staff misconduct, the complaint is not subject to internal tracking and monitoring protocols by the DOJ or the Monitor. The Monitor has cautioned SID against this approach. The Monitor believes that, under the Agreement, any allegations that, if true, would constitute a PREA violation must be

investigated as a PREA complaint. At the conclusion of the full PREA investigation, NJDOC/SID may determine that a complaint lacking in credibility or evidentiary support is either unfounded or unsubstantiated, but the Monitor believes NJDOC may not conclude that a retaliation complaint that could be related to a PREA complaint is “not PREA” without investigating the allegation in the ordinary course.

Recommendations re DOJ’s Right of Access ¶ 109:

- Continue to notify DOJ and the Monitor within 72 hours of an incident or report of allegations of sexual abuse or retaliation and/or injury requiring emergency medical attention related to an allegation sexual abuse.
- Continue to forward to DOJ and the Monitor any related incident reports and medical and/or mental health reports and investigations as they become available.
- Stop the practice of determining allegations of retaliation that could be related to a PREA complaint “do not meet the PREA criteria” and report, investigate, and track all allegations of sexual abuse, sexual harassment, and retaliation.

¶ 110. NJDOC shall provide to the Monitor and to DOJ copies of or applicable portions of any formal reports or recommendations from the Office of the Corrections Ombudsperson or the Commission to Protect New Jersey Prisoners from Sexual Assault and Sexual Misconduct concerning efforts to establish or revise Edna Mahan or statewide policies and procedures, including reporting and data collections systems, related to sexual abuse or sexual harassment of prisoners.

Requirements:

This paragraph does not include ordinary course referrals and related documentation

- ¶ 107. DOJ and its attorneys, consultants, and agents shall have access to Edna Mahan, Edna Mahan prisoners, NJDOC and Edna Mahan staff and documents as is reasonably necessary to evaluate compliance with this Agreement. DOJ will provide written notice prior to any site visits. DOJ may participate in any compliance visits by the Monitor.
- ¶ 108. Access is not intended, and will not be construed, as a waiver, in litigation with third parties of any applicable statutory or common law privilege associated with information disclosed to DOJ under this Agreement.

Monitor's Measure of Compliance re DOJ's Right of Access ¶ 110:

- Copies provided to the Monitor and DOJ of applicable portions of any formal reports or recommendations from the Office of the Corrections Ombudsperson concerning efforts to establish or revise Edna Mahan or statewide policies or procedures, related to sexual abuse or sexual harassment of prisoners.
- Copies provided to the Monitor and DOJ of applicable portions of any formal reports or recommendations from the Commission to Protect New Jersey Prisoners from Sexual Assault and Sexual Misconduct concerning efforts to establish or revise Edna Mahan or statewide policies or procedures, related to sexual abuse or sexual harassment of prisoners.
- Interviews with staff from the Office of the Corrections Ombudsperson
- Interviews with members of the Commission to Protect New Jersey Prisoners from Sexual Assault and Sexual Misconduct
- Meeting minutes from the Commission to Protect New Jersey Prisoners from Sexual Assault and Sexual Misconduct, as available

Steps taken by NJDOC and EMCF towards implementation DOJ's Right of Access ¶ 110:

2/24/25 Status Report

There were no formal reports or recommendations during the reporting period from the Office of the Corrections Ombudsperson or the Commission specific to the protection of New Jersey prisoners from sexual assault and sexual misconduct.

Monitor's Finding of Compliance re DOJ's Right of Access ¶ 110:

☐ Substantial Compliance

☐ Partial Compliance

☐ Non-compliance

☒ **N/A not required until the Corrections Ombudsperson's Office makes any recommendations related to sexual abuse or sexual harassment of incarcerated persons.**

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re DOJ's Right of Access ¶ 110:

On February 25, 2025, the Monitor spoke with Corrections Ombudsperson's staff Roshunda Simmons and Mary Ann Conte, who reported that the Ombudsperson's office did not author any reports regarding EMCF during this reporting period. Additionally, as of February 24, 2022, there is no longer a" Commission to Protect New Jersey Inmates from Sexual Assault and Sexual Misconduct."

Recommendations re DOJ's Right of Access ¶ 110:

Provide a copy to the Monitor and DOJ whenever Corrections Ombudsperson writes a formal report, or makes any recommendations related to sexual abuse or sexual harassment of incarcerated persons.

¶111 Within ninety days of the Effective Date and for the duration of the Agreement, NJDOC will engage the Edna Mahan Board of Trustees to identify goals, concerns, and recommendations regarding implementation of this Agreement. NJDOC shall conduct periodic, but at least semi-annual, public meetings. Additionally, NJDOC and Edna Mahan shall conduct periodic, but at least semi-annual, meetings with available Edna Mahan staff to gather feedback from staff on events, accomplishments, and setbacks during the previous period.

Requirements:

Public meetings with stakeholders should include former Edna Mahan prisoners, prisoner advocates, and family members of current Edna Mahan prisoners.

The meetings shall serve to provide stakeholders and the public with an update on events, accomplishments, and setbacks during the previous period, and to respond to stakeholders' questions and requests for information related to Edna Mahan. Stakeholders will also be afforded the opportunity to ask questions and make proposals.

Nothing in this Paragraph is intended to create any enforcement rights or standing other than those of the Parties under this Agreement.

¶ 107. DOJ and its attorneys, consultants, and agents shall have access to Edna Mahan, Edna Mahan prisoners, NJDOC and Edna Mahan staff and documents as is reasonably necessary to evaluate compliance with this Agreement. DOJ will provide written notice prior to any site visits. DOJ may participate in any compliance visits by the Monitor.

¶ 108. Access is not intended, and will not be construed, as a waiver, in litigation with third parties of any applicable statutory or common law privilege associated with information disclosed to DOJ under this Agreement.

Monitor's Measure of Compliance re DOJ's Right of Access ¶ 111:

- Agendas for Edna Mahan Board of Trustees meetings
- Minutes from Edna Mahan Board of Trustees meetings
- Notification of to the Monitor and DOJ of appointments of new Edna Mahan Board of Trustees members
- Dates and agendas of Public Stakeholder meetings, to include, but not be limited to the following agenda items:
 - a. Updates on events, accomplishments, and setbacks
 - b. Opportunity for questions and answers
 - c. Opportunity for requests for information

- d. Opportunity for stakeholders to make proposals
- Minutes from Public Stakeholder meetings, to include names of all attendees and summary of meeting
- Dates and agendas of meetings with Edna Mahan staff, to include, but not be limited to the following agenda item:
 - a. Gather feedback on events, accomplishments, and setbacks
- Minutes from meetings with Edna Mahan staff, to include names of all attendees and summary of meeting
- Interviews with Edna Mahan Board of Trustees members
- Interviews with Stakeholders
- Interviews/Focus Groups with Edna Mahan staff during on-site visits

Steps taken by NJDOC and EMCF towards implementation DOJ's Right of Access ¶ 111:

2/24/25 Status Report

Governor P. Murphy appointed three (3) new EMCF Board of Trustees members on December 19, 2024:

- Cynthia Cupe
 - Cynthia Cupe offers a unique perspective through her personal experience at EMCF, paired with a solid background in criminal justice reform. Her firsthand knowledge of the challenges faced by women in the correctional system, coupled with her dedication to improving the lives of incarcerated individuals, aligns closely with the Board's mission. Her insight, knowledge, and commitment make her a valuable addition, supporting efforts to assist incarcerated women with rehabilitation and reintegration.
- Dr. Mechele Morris
 - Dr. Mechele Jennings Morris, a psychologist with a PhD in Counseling Psychology, combines extensive experience in mental health and corrections. After a career in higher education, she transitioned to providing mental health treatment for incarcerated individuals and later became Director of Training at Rutgers University Correctional Health Care, where she trained corrections staff on mental health and wellness. As the owner of Archangel Consultations, LLC, she currently provides counseling and training to law enforcement with a focus on trauma and stress management. As Chair of the Burlington County Mental Health Board, Dr. Morris is a strong advocate for mental health and support services for the women at EMCF.
- Dr. Sheila Trapp
 - Dr. Sheila R. Trapp brings a combination of personal experience and professional expertise in social justice, advocacy, and community support. Her family's connection to the justice system, particularly her brother's journey from incarceration in the NJ State correctional system to community service, has shaped her commitment to second chances and social equity. With over 30 years of leadership focused on justice, empowerment, and education, Dr. Trapp is dedicated to supporting women affected by the justice system, domestic violence, and sexual assault. Her strategic thinking, collaboration skills, and vision for a fairer future align with the Board's mission, making her a strong asset for advancing positive change at EMCF.

The remaining four (4) members continue to be active. The Commissioner hosted a BOT Meet and Greet with all current members on February 11, 2025.

NJDOC will host the seventh EMCF Public Meeting on March 14, 2025 via virtual format. Presenters will be together at the NJDOC Harris Auditorium, Trenton, NJ. It is anticipated that Monitor Jane Parnell will facilitate the event, which is expected to last approximately 90 minutes in length, with 30 minutes dedicated to providing participants with the opportunity to ask questions and submit recommendations and proposals. The Public Meeting information and registration will be put on the NJDOC website and open to all who wish to attend. EMCF held a Staff Focus Group on February 13, 2025, prior to the Public Meeting, to allow department heads to provide feedback on events, accomplishments, and setbacks during the period.

An announcement was formally added to the NJDOC website on February 18, 2025 advising of the upcoming March 14, 2025 public meeting. A JPAY notification will be sent to the EMCF incarcerated population advising of the meeting date, time and to encourage families' attendance.

The meeting schedule and agenda will be provided to the Monitor and DOJ. In addition to the public meeting minutes, NJDOC will provide minutes from the staff feedback session(s).

Monitor's Finding of Compliance re DOJ's Right of Access ¶ 111:

☒ **Substantial Compliance**

☐ Partial Compliance

☐ Non-compliance

☐ N/A not required until [date]

☐ N/A monitor granted an extension until [date]

Monitor's Discussion re DOJ's Right of Access ¶ 111:

The Monitor spoke with six (6) Edna Mahan Board of Trustees members, including three new Board members. All members report that The Board has access at any time and in any part of the facility, including the Restorative Housing Unit. No restrictions are placed on members of the Board regarding talking to the women and viewing any part of the campus. This is unique in the country and has contributed to more than a change in the culture of the prison. Because of the close contact with the women, the Board has been able to alert the administration, including Assistant Commissioner of Women Services Tome and Administrator O'Dea, about multiple issues. The members report having a very open relationship with Commissioner Kuhn and Assistant Commissioner Tome and receiving regular informational updates. They are also pleased with the relationship with Administrator O'Dea. The board members say that all NJDOC staff are very responsive to any inquiries or requests from the Board of Trustees.

On September 13, 2024, NJDOC held its sixth public meeting with stakeholders. Over 70 people attended this virtual meeting. The attendees included, but were not limited to, advocates, family/friends of incarcerated persons, legislators, staff, contractors, and Board of Trustee members. The agenda of this meeting included an update on events, accomplishments, and setbacks at Edna Mahan and NJDOC, a question-and-answer period, and an opportunity for stakeholders to make suggestions/proposals. The seventh stakeholders meeting was held on March 14, 2025, outside this reporting period. Eighty-one (81) people attended this virtual meeting. A Staff Advisory meeting was held on August 29, 2024, and the previous one was held in February 2024. These meetings meet the requirement for at least semi-annual meetings with available Edna Mahan staff.

Recommendations re DOJ's Right of Access ¶ 111:

Continue to conduct monthly Board of Trustees meetings.

Continue to hold semi-annual public meetings with stakeholders.

Continue to conduct semi-annual meetings with available Edna Mahan staff to gather feedback from staff on events, accomplishments, and setbacks.