

# PREA Facility Audit Report: Final

**Name of Facility:** Mid-State Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/09/2024

**Date Final Report Submitted:** 03/24/2025

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input type="checkbox"/>             |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input type="checkbox"/>             |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>             |
| <b>Auditor Full Name as Signed:</b> DeShane Reed  | <b>Date of Signature:</b> 03/24/2025 |

| AUDITOR INFORMATION                 |                              |
|-------------------------------------|------------------------------|
| <b>Auditor name:</b>                | Reed, DeShane                |
| <b>Email:</b>                       | dreed@drbconsultinggroup.com |
| <b>Start Date of On-Site Audit:</b> | 06/24/2024                   |
| <b>End Date of On-Site Audit:</b>   | 06/26/2024                   |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Mid-State Correctional Facility                                 |
| <b>Facility physical address:</b> | 8401 Range Road, Fort, New Jersey - 08640                       |
| <b>Facility mailing address:</b>  | PO Box 866, FORT DIX ARMY BASE, WRIGHTSTOWN, New Jersey - 08562 |

| Primary Contact |
|-----------------|
|-----------------|

|                          |                           |
|--------------------------|---------------------------|
| <b>Name:</b>             | Lisa Schofield            |
| <b>Email Address:</b>    | Lisa.Schofield@doc.nj.gov |
| <b>Telephone Number:</b> | 609-723-4221 ext. 86      |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |                          |
|---|--------------------------|
| <b>Name:</b>                                      | RAYMOND ROYCE            |
| <b>Email Address:</b>                             | RAYMOND.ROYCE@DOC.NJ.GOV |
| <b>Telephone Number:</b>                          | 609-723-8650             |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Health Service Administrator On-site</b> |                        |
|--|------------------------|
| <b>Name:</b>   | Floramae Mondragon     |
| <b>Email Address:</b>                                | FM403@ubhc.rutgers.edu |
| <b>Telephone Number:</b>                             | 609-723-4221           |

| <b>Facility Characteristics</b>  |           |
|--|-----------|
| <b>Designed facility capacity:</b>   | 702       |
| <b>Current population of facility:</b>   | 491       |
| <b>Average daily population for the past 12 months:</b>                        | 506       |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No        |
| <b>What is the facility's population designation?</b>                          | Mens/boys |

|   |                     |
|---|---------------------|
| <b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b> |                     |
| <b>Age range of population:</b>   | 18 AND UP           |
| <b>Facility security levels/inmate custody levels:</b>  | GANG MIN AND MEDIUM |
| <b>Does the facility hold youthful inmates?</b>   | No                  |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>  | 274                 |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>  | 1                   |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>  | 39                  |

### AGENCY INFORMATION

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

### Agency Chief Executive Officer Information:

|                          |                              |
|--------------------------|------------------------------|
| <b>Name:</b>             | Comm. Victoria L. Kuhn, Esq. |
| <b>Email Address:</b>    | Victoria.Kuhn@doc.nj.gov     |
| <b>Telephone Number:</b> | 609-292-4036-5656            |

| <b>Agency-Wide PREA Coordinator Information</b> |              |                       |                           |
|---|--------------|-----------------------|---------------------------|
| <b>Name:</b>                                    | Sandra Capra | <b>Email Address:</b> | Sandra.a.capra@doc.nj.gov |

| <b>Facility AUDIT FINDINGS</b>   |  |
|--|--|
| <b>Summary of Audit Findings</b>   |  |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> |  |
| <b>Number of standards exceeded:</b>   |  |
| 0  |  |
| <b>Number of standards met:</b>  |  |
| 45   |  |
| <b>Number of standards not met:</b>  |  |
| 0  |  |

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2024-06-24 |
| 2. End date of the onsite portion of the audit:   | 2024-06-26 |

#### Outreach

|   |   |
|---|---|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | I reached out to "Burlington County Sexual Assault Services Program" to inquire about the MOU they have with "Mid-State Correctional Facility." |

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 710  |
| 15. Average daily population for the past 12 months:                             | 421  |
| 16. Number of inmate/resident/detainee housing units:                            | 18   |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|  |     |
|--|-----|
| <b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 491 |
| <b>19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>   | 0   |
| <b>20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 6   |
| <b>21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 26  |
| <b>22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 0   |
| <b>23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 3   |
| <b>24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 17  |

|   |                          |
|---|--------------------------|
| <p><b>25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>                 |
| <p><b>26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>                 |
| <p><b>27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>2</p>                 |
| <p><b>28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>30</p>                |
| <p><b>29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>                 |
| <p><b>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No text provided.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                          |
| <p><b>31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>274</p>               |

|  |   |
|--|---|
| <b>32. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                         | 36  |
| <b>33. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                        | 41  |
| <b>34. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b> | No text provided.   |
| <b>INTERVIEWS</b>  |   |
| <b>Inmate/Resident/Detainee Interviews</b>   |   |
| <b>Random Inmate/Resident/Detainee Interviews</b>  |   |
| <b>35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 26  |
| <b>36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>   | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input checked="" type="checkbox"/> Gender<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> None |
| <b>If "Other," describe:</b>   | This auditor selected from the PREA auditor's required targeted group of inmates.   |



|   |   |
|---|---|
| <b>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>   | This auditor selected based on MSCF's Master Inmate Roster, Medical Roster Assistance, and collaboration with MSCF PREA Compliance Manager. |
| <b>38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | None  |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |   |
| <b>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 16  |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| <b>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>   | 0   |

|   |   |
|---|---|
| <p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b></p>                                   | <p>This auditor reviewed MSCF's Master Inmate Roster, Medical Roster Assistance, and collaboration with MSCF PREA Compliance Manager. This auditor also inquired from inmates selected for interviews, as well as informal conversations with various inmates.</p>  |
| <p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>1</p>  |
| <p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>1</p>  |
| <p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>1</p>  |
| <p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>1</p>  |

|   |  |
|---|--|
| <p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>8</p>   |
| <p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                      | <p>0</p>   |
| <p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>                           |
| <p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor reviewed MSCF's Master Inmate Roster, Medical Roster Assistance, and collaboration with MSCF PREA Compliance Manager. This auditor also inquired from inmates selected for interviews, as well as informal conversations with various inmates. This auditor identified 1 gay inmate, who refused to interview, after requests.</p> |
| <p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>  | <p>1</p>   |
| <p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>  | <p>1</p>   |

|   |   |
|---|---|
| <p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>   | <p>1</p>  |
| <p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>   | <p>This auditor reviewed MSCF's Master Inmate Roster, Medical Roster Assistance, and collaboration with MSCF PREA Compliance Manager. This auditor also inquired from inmates selected for interviews, as well as informal conversations with various inmates.</p>  |
| <p><b>52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>  | <p>MSCF is working on accurately tracking L.G.B. inmates.</p>   |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>   |   |
| <p><b>Random Staff Interviews</b></p>   |   |
| <p><b>53. Enter the total number of RANDOM STAFF who were interviewed:</b></p>  | <p>25</p>   |

|  |   |
|--|---|
| <p><b>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p><b>If "Other," describe:</b></p>  | <p>I also selected staff/personnel based on the "Specialized Staff, Contractors, and Volunteers" interview requirements.</p>  |
| <p><b>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>No text provided.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |   |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |   |
| <p><b>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>11</p>   |
| <p><b>58. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |

|  |  |
|--|--|
| <b>59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>60. Were you able to interview the PREA Coordinator?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>61. Were you able to interview the PREA Compliance Manager?</b>                                   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><br><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

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

|  |  |
|--|--|
|  | <input type="checkbox"/> Other   |
| <b>63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                            | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>63. Enter the total number of VOLUNTEERS who were interviewed:</b>  | 2  |
| <b>63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>  | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input type="checkbox"/> Religious<br><input checked="" type="checkbox"/> Other  |
| <b>64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>64. Enter the total number of CONTRACTORS who were interviewed:</b>   | 2  |
| <b>64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input checked="" type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input checked="" type="checkbox"/> Other |
| <b>65. Provide any additional comments regarding selecting or interviewing specialized staff.</b>  | Mental Health  |



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

|  |  |
|--|--|
| <b>66. Did you have access to all areas of the facility?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>Was the site review an active, inquiring process that included the following:</b>   |  |
| <b>67. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>68. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>70. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |

|  |  |
|--|--|
| <p><b>71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>Tested external reporting, had informal conversations with inmates, and contacted victim advo</p> |
|--|--|

**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

|  |  |
|--|--|
| <p><b>72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p> | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p> |
|--|--|

|   |                          |
|---|--------------------------|
| <p><b>73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>No text provided.</p> |
|---|--------------------------|

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 1                                  | 0                            | 1                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 1                                  | 0                            | 1                                  | 0   |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 1               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 0         | 1               | 0             |

### Sexual Harassment Investigation Outcomes

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

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

|   | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Total</b>                              | 0       | 0                        | 0                          | 0                      | 0         |

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 1               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 1               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

|  |   |
|--|---|
| <b>80. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b> | 1 |
|--|---|

|   |   |
|---|---|
| <p><b>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |   |
| <p><b>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>2</p>  |
| <p><b>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>0</p>  |
| <p><b>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>  |

|  |  |
|--|--|
| <p><b>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>       |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>  |  |
| <p><b>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>1</p>   |
| <p><b>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>   |  |
| <p><b>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>1</p>   |
| <p><b>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| <b>Staff-on-inmate sexual harassment investigation files</b>  |  |
|---|--|
| <b>93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 0  |
| <b>94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>  | No text provided.  |
| <b>SUPPORT STAFF INFORMATION</b>  |  |
| <b>DOJ-certified PREA Auditors Support Staff</b>  |  |
| <b>97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |



## Non-certified Support Staff

98. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER:** the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes  
 No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

| <b>Standards</b>   |  |
|--|--|
| <b>Auditor Overall Determination Definitions</b>   |  |
| <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |  |
| <b>Auditor Discussion Instructions</b>   |  |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |  |

| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|---------------|---|
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.11. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.11. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.11.</p> <p>While onsite, this PREA auditor also observed, interacted with, and interviewed NJDOC’s PREA Coordinator. NJDOC’s PREA Coordinator explained that she has the time and support of NJDOC’s Commissioner to effectively engage in her role. This auditor also interviewed MSCF’s PREA Compliance Manager/Assistant Superintendent who explained that MSCF has carved out time within her role to engage in her PREA</p> |

|  |  |
|--|--|
|  | <p>Compliance Manager’s duties. Finally, this auditor reviewed NJDOC’s Employee Handbook, which stated NJDOC’s disciplinary process for employees violating NJDOC’s codes of conduct. This auditor also reviewed NJDOC’s Department Organizational Chart as well as the MSCF Organizational Chart which showed NJDOC’s PREA Coordinator reporting to the Assistant Commissioner for PREA-related duties/efforts. NJDOC’s PREA Coordinator reported that she has direct access to the Commissioner if needed. This was confirmed by the Commissioner during this auditor’s interview with her.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA Standard 115.11.</p> |
|--|--|

|               |   |
|---------------|---|
| <b>115.12</b> | <b>Contracting with other entities for the confinement of inmates</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.12. Mid-State Correctional Facility (MSCF) submitted their contracts with 13 fully executed contracts for their Residential Community Release Programs as evidence of compliance with PREA Standard 115.12, for contracting for confinement. Each of the reviewed contracts did not contain the necessary language within them, which identifies the requirements to adopt and comply with PREA Standards.</p> <p>Per PREA Standard 115.12: <i>“A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”</i></p> <p>This auditor recommended that NJDOC complete addendums to all new and existing contracts that specifically state that the facility “agrees and is obligated to adopt and comply with PREA Standards” based on PREA Standard 115.12. This PREA auditor concluded that MSCF was not in compliance with PREA Standard 115.12. Corrective Action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) shared, <i>“The Agency added an addendum to</i></p> |

|  |  |
|--|--|
|  | <p><i>the existing contract that clearly states: Contracted Entity agrees and is obligated to adopt and comply with PREA Standards” based on PREA Standard 115.12.” NJDOC’s PCU also submitted their “State of New Jersey Department of Corrections Request for Proposal Residential Community Release Programs General Information” (Sections 1.0, 10.0, 10.1, and 10.9) as evidence of compliance. The 4 sections require the contracting for confinement awarded entities to adopt and comply with PREA Standards, as well as receiving the required PREA facility audits.</i></p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.12.</p> |
|--|--|

| <b>115.13</b> | <b>Supervision and monitoring</b>  |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.13. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.13. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.13.</p> <p>This auditor interviewed MSCF’s PREA Compliance Manager/Assistant Facility Administrator who shared that MSCF complies with the protocol identified in their staffing plan. When call-offs and time-offs occur, MSCF provides coverage through adjusting/rotating on-shift staffing, voluntary, or mandatory overtime. They also adjust and modify programming if necessary. This allows MSCF’s staffing plan and staffing coverage to remain fulfilled. Furthermore, MSCF’s PREA Compliance Manager/Assistant Facility Administrator shared that staff could also voluntarily work shifts or switch shifts/dates.</p> <p>This auditor also reviewed MSCF’s “Staffing Plan Review” (April 2024) documented MSCF’s process of ensuring adequate staffing to protect inmates from sexual abuse. MSCF’s Staffing Plan contains all the components which need consideration when identifying staffing needs. MSCF’s PREA Compliance Manager/Assistant Facility Administrator submitted MSCF’s “Staffing Rosters.” This PREA auditor observed the facility’s staffing roster for the past 21 days, which seemed to have adequate staffing coverage to protect inmates from sexual abuse.</p> <p>Additionally, while onsite, this auditor interviewed MSCF’s PCM/Assistant Facility Administrator, who shared that Upper Supervisory unannounced rounds are conducted at minimum once daily and Shift Supervisory unannounced rounds at twice</p> |

|  |   |
|--|---|
|  | <p>per shift. MSCF submitted “All Supervisory Rounds” from 6/26/23 through 6/26/24. This auditor reviewed multiple unannounced Upper Supervisory rounds documented at minimum every 24 hours. Shift Supervisors completed rounds at least twice per shift.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.13.</p> |
|--|---|

| <b>115.14</b> | <b>Youthful inmates</b>   |
|---------------|---|
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>This PREA auditor reviewed multiple randomly selected dates of MSCF facility rosters and counts while onsite. No youthful inmates were present on the rosters. NJDOC’s PREA Coordinator and MSCF’s PREA Compliance Manager/Assistant Facility Administrator also shared that MSCF did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at MSCF. This auditor also interviewed a random selection of 23 specialized staff and security staff. Each responded that youthful inmates are not housed at MSCF. This auditor also interviewed a random selection of 26 inmates, selected from MSCF’s daily inmate roster. All 26 interviewed inmates shared that MSCF did not house youthful inmates. During this auditor’s exhaustive site assessment, this auditor informally asked multiple inmates if there were inmates under 18 housed at MSCF. Each response was similar, stating that there were no inmates under 18 years old at this facility.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA Standard 115.14.</p> |

| <b>115.15</b> | <b>Limits to cross-gender viewing and searches</b>   |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.15. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.15. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.15.</p> |

|  |   |
|--|---|
|  | <p>MSCF is an all-male inmate prison. While on-site, this PREA auditor interviewed 26 randomly selected inmates. Each inmate verified that they are searched by staff of both genders. This auditor verified that training is provided in new employee orientation that addresses proper search procedures of inmates. When this auditor interviewed a random selection of 14 MSCF security staff and asked, <i>“Which gender staff pat searches a transgender or intersex?”</i> There were consistent responses from the 9 interviewed security staff that <i>“the transgender selects which gender staff they feel most comfortable being pat searched by.”</i> The remaining staff were somewhat familiar, but not certain of the appropriate method when handling a transgender inmate. This auditor also reviewed MSCF’s <i>“Training Spreadsheet,”</i> which showed that all active MSCF civilian and custody staff were up to date on their <i>“Body Search Clothed and Unclothed”</i> training. Training dates ranged from 10/2023 to 4/2024.</p> <p>During this auditor’s extensive onsite site assessment, this auditor observed that there was appropriate privacy provided through PREA shower curtains as well as through half walls in the toileting area. This auditor interviewed a random selection of 26 inmates. There were 25 of the 26 randomly selected interviewed inmates who shared that they do feel that they have enough privacy to shower, use toilet, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender. Additionally, 26 out of 26 inmates stated that female staff do announce consistently when they are entering the inmates’ sleeping dorms. Inmates share that the female staff regularly practice announcing prior to entering the dorms to perform their checks or talk to specific inmates.</p> <p>This auditor interviewed a random selection of 14 security staff and asked if female staff announce prior to entering inmate shower areas, inmate toilet areas, and when they enter inmate dorm where inmates sleep and get dressed? Each staff shared similar responses that upon entering any dorm they make an announcement each time.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.15.</p> |
|--|---|

|               |  |
|---------------|--|
| <b>115.16</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.16. Mid-State Correctional Facility (MSCF) submitted their <i>“NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008”</i> as</p> |

evidence of compliance with PREA Standard 115.16. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.16. MSCF shared that their policy SUP.004.001, “Policy for Limited English Proficient (LEP) Language Assistance: Bilingual Staff and use of the language line” and the policy IMM.002.003 “American with Disabilities Act & New Jersey Law Against Discrimination—Reasonable Accommodations for Inmates” provides guidance and procedures to NJ-DOC staff for providing meaningful access for those inmates with disabilities.

While on site, this auditor interviewed NJDOC’s PREA Coordinator and MSCF’s PREA Compliance Manager. Both shared that MSCF provide translation/interpretation to non-English speaking inmates through “Linguistica Language Line Services.” This auditor later contacted the “Linguistica Language Line Services” number (1-800-752-6096), provided the name of the agency and confirmed that the New Jersey DOC agency had an active contract. Additionally, she stated that the Acting Facility Administrator sent an email to all staff with instructions on how to access linguistic services for LEP inmates. This auditor did not receive an active contract with Language Line Services Inc. or the email verification from the Acting Facility Administrator regarding the detailed instructions provided to staff. Finally, this auditor interviewed 4 randomly selected targeted Limited English Proficient (LEP) inmates. The inmates stated that they rely on other inmates to translate rather than the language line services that are provided.

While on site, this auditor did observe PREA reporting postings in English and Spanish. This auditor reviewed PREA inmate education videos in English, Spanish, but not in closed captioned and ASL for the hearing impaired. Additionally, the communicative avenues for an inmate to report PREA at MSCF was in English only.

This auditor recommended MSCF provide PREA education with videos that have both ASL and closed captioned for hearing impaired inmates. This would allow Limited English Proficient (LEP) inmates adequate access to receive PREA education on MSCF’s zero tolerance policy, their inmate’s rights, and ways to report an incident of sexual abuse/sexual harassment. These videos are in English, Spanish, ASL and closed captioned. Additionally, this auditor recommended that refresher education be provided to LEP inmates regarding Language Line Service access and how to ascertain this service when needed. Finally, it is recommended that MSCF have a Spanish option for LEP inmates on the J-Pay Kiosk to improve communication avenues. This PREA auditor concluded that MSCF was not in compliance with PREA Standard 115.16. Corrective Action was required.

During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted evidence of downloaded PREA Resource Center “PREA inmate Education” videos for adult facilities. These videos are in English, Spanish, ASL and closed captioned. Additionally, MSCF, submitted 22

|  |   |
|--|---|
|  | <p>signed/dated inmate acknowledgements of “Refresher Education” provided to MSCF LEP inmates, regarding Language Line Service Access. access and how to ascertain this service when needed. Finally, MSCF submitted multiple photo verifications of MSCF’s adding a Spanish option on their J-Pay Kiosk to improve communication avenues for LEP inmates.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.16.</p> |
|--|---|

| <b>115.17</b> | <b>Hiring and promotion decisions</b>  |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.17. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Staff Selection and Promotion Policy PSM.001.011” and “NJDOC Pre-employment background check &amp; ID Card Renewal Background Check Policy ADM.006.007” as evidence of compliance with PREA Standard 115.17. This auditor reviewed “NJDOC’s Policy PCM.001.011 and ADM.006.007,” concluding that it has the necessary language to align with PREA Standard 115.17.</p> <p>While on sight, this PREA auditor interviewed NJDOC’s Human Resource (HR) liaison and the Special Investigations Division (SID) Investigator/PREA Liaison, and SID Principal Investigator who identified that NJDOC conducts background checks on all civilian employees, volunteers and contractors. They further shared that the background screenings include motor vehicle, state and NCIC checks. New Hire employees receive exhaustive background screenings. The application for clearance asks three PREA reaffirming acknowledgement questions regarding any past sexual convictions or involvement. Per the policy submitted for evidence, employees are asked to submit to additional background checks for promotions as well as ID renewal. Employee IDs are issued upon successful completion of the hire process and require employees to renew every three years (not to exceed five) in order to gain access to their assigned facility. This renewal process is based on an honor system.</p> <p>This auditor randomly selected 11 civilian employee files, 7 custody, 3 agency and 3 SID employee files. This auditor’s random selection consisted of employees from various years of service. No promotions could be determined at the time of review. The 11 civilian reviewed files entailed PREA-related pre-employment screenings, local and national background check verifications, and affirmative duty to disclose. Civilian files had all the checks and screenings, aligning with 115.17. This auditor was not provided information of NJDOC’s Recruitment Unit who provides background checks</p> |



|  |   |
|--|---|
|  | <p>when onboarding new custody staff therefore the information needed to confirm the randomly selected custody staff was not found. Additionally, this auditor requested to see background checks for the Agency PREA Coordinator, 2 Regional PREA Coordinators and SID Investigators for MSCF but was unable to ascertain them due to being informed later that those checks are conducted and kept at NJDOC's Central Office for which this auditor was unaware. In all, this auditor later found that custody staff background checks are conducted by NJDOC's Recruitment Unit, the civilian staff, contractor and volunteer background checks are conducted by the facility specific SID via HR. Lastly, any agency level staff background checks are conducted by their Central Office. Each background check entity is located in different parts of New Jersey and there is no electronic system to gather information into one central location for accessibility.</p> <p>This auditor recommended that 15 randomly selected custody staff be selected for NJDOC's recruitment unit to provide this auditor with sufficient background check evidence regarding compliance. Finally, this auditor recommended that NJDOC's MSCF establish and demonstrate consistency in practice before compliance could be determined. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.17. Corrective Action was required.</p> <p>During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted background checks of 25 randomly selected MSCF staff. This auditor reviewed and verified that each had sufficient "background checks," "PREA acknowledgements" (showing no previous sexual misconduct), and ID card reinstatement background checks (conducted every 3 years).</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.17.</p> |
|--|---|

|               |  |
|---------------|--|
| <b>115.18</b> | <b>Upgrades to facilities and technologies</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.18. Mid-State Correctional Facility (MSCF) did not submit evidence of any facility upgrades in the OAS. MSCF did acquire new body cameras for all officers working</p> |

|  |   |
|--|---|
|  | <p>with inmates in 2023 that are utilized by every officer while on duty. This is noted as a substantial expansion to existing technology since their last PREA Audit. While onsite, this auditor observed that each of the 14-security staff interviewed wore body cameras and knew the procedures and expectations of utilizing them while on duty. During an interview with MSCF’s PREA Coordinator and Administrator, both shared that the implementation of body worn cameras is to increase MSCF’s opportunities to protect its inmates from sexual abuse.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA Standard 115.18.</p> |
|--|---|

| <b>115.21</b> | <b>Evidence protocol and forensic medical examinations</b>   |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.21. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.21. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.21.</p> <p>This auditor also reviewed NJDOC’s Memorandum of Understanding (MOU) between NJDOC and “Burlington County Sexual Assault Services Program.” The Burlington County Assault Services Program serves as the MSCF’s provider for emotional support and victim advocacy services for sexual abuse victims. All language related to victim advocacy and emotional support services were present in the Memorandum of Understanding and was recently updated 6/4/2024. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to contact the Assistant Ombudsman who reported that he receives hotline calls and forwards them immediately to the Special Investigations Division (SID). SID then begins to coordinate services to assist inmates who report sexual abuse through the activation of the Sexual Abuse Response Team that is made up of security transport, SANE/SAFE, hospital staff, the Prosecutors Office, SID staff, Medical staff and Mental health staff. They shared that MSCF transports victim inmates to Virtua Mount Holly Hospital for SANE/SAFE. This auditor called Burlington County via phone and was able to make contact verifying their collaboration with MSCF.</p> <p>While on site, this auditor also interviewed specialized medical and mental health staff members who shared that they were not as familiar with the MOU MSCF has for victim advocacy services. They relayed that when the inmate is discharged and</p> |

returns to the facility, that emotional support continues, and the mental health team connects them to the Rape Crisis Center.

This auditor interviewed a random selection of 26 MSCF inmates. When asked about their knowledge of outside victim advocacy and emotional support services provided for sexual abuse victims at MSCF, 10 out of 26 knew that there were local advocacy services available for victims of sexual abuse at MSCF. It is unclear whether this information is reviewed with the inmates during the PREA education period.

This auditor also interviewed a random selection of 14 MSCF security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. All 14 interviewed security staff also shared their duties to preserve the potential crime scene of the scenario.

This auditor recommended that MSCF update their inmate handout which is given at the time of intake orientation upon entrance into the facility with the necessary PREA information for reporting as well as victim advocacy and emotional support services. Additionally, MSCF should incorporate this information into the PREA education session that is provided to inmates within the 30-day period. Finally, this auditor recommended that all current inmates should be given re-fresher education regarding the purpose of and how to appropriately access emotional support services through the Burlington County Sexual Assault Program provides. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.21. Corrective Action was required.

During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor randomly selected 41 MSCF inmates, requesting to see their acknowledgements of receiving "Refresher Education" on MSCF Victim Advocacy community partner ("Burlington County Sexual Assault Program"). NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted 41 completed inmate "Refresher Education" acknowledgements, showing evidence of that MSCF inmates were made aware of the Burlington County advocacy victim support services and their availability to all MSCF inmates. Additionally, MSCF submitted multiple photo evidence of posters throughout MSCF's housing units, showing their victim advocacy information and how to access victim advocates. These posters were in English and Spanish.

This PREA auditor concludes that MSCF is in compliance with PREA standard 115.21.

|  |   |
|--|---|
|  | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.22. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” and “NJDOC Special Investigation Division Investigation Procedures ADM.SID.035” as evidence of compliance with PREA Standard 115.22. This auditor reviewed “NJDOC’s Policy PCS.001.008 and Investigation Procedure ADM.SID.035” and has concluded that it has the necessary language to align with PREA Standard 115.22. Furthermore, this auditor reviewed NJDOC’s website and verified that NJ-DOC’s Investigations of Sexual Abuse policy is published/posted on its website, as well as 3rd party reporting of PREA allegations.</p> <p>While onsite, this auditor also interviewed three investigators which were the Institutional SID Investigator/PREA Liaison, SID Senior Investigator and the Compliance Unit Principal Investigator. This auditor shared a scenario of an inmate running out of the shower and immediately reports to staff that they were sexually assaulted by another inmate. They shared the first responder process and coordinated response that occurs with the Sexual Assault Response Team discussed evidence preservation and reporting protocols. Additionally, MSCF’s investigators shared their investigating procedures/responsibilities when a sexual abuse allegation is assigned to them. Further, the investigative team shared that they are the entity within the department that is qualified to conduct criminal investigations as each investigator in the Special Investigations Division undergoes correctional academy training as well as prosecutor/law enforcement academy training to become law enforcement officials and possess arresting authority. Finally, this auditor interviewed a random selection of 23 MSCF specialized and security staff, 22 out of 23 responded confidently and shared their knowledge as first responders and their coordinated response.</p> <p>This PREA auditor concludes MSCF is in compliance with PREA standard 115.22.</p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.31</b> | <p><b>Employee training</b></p> <hr/> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System</p> |
|---------------|---|

|  |   |
|--|---|
|  | <p>(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.31. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.31. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.31.</p> <p>While onsite, this PREA interviewed 25 randomly selected security staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA New Hire and/or PREA refresher training. Each knew their responsibilities as first responders and coordinated duties. This auditor also requested, received, and viewed training files of the 25 randomly selected staff interviewed, to verify up-to-date annual PREA training. MSCF’s Institutional PREA Compliance Manager/Assistant Superintendent printed showed MSCF’s electronic training tracking spreadsheet, which entailed the staff’s name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each staff’s training verification of attending. This auditor also reviewed the classroom in-person video training curriculum, PREA Staff Training Lesson Plan, and basic course and annual refresher training curriculum used to train employees, contractors, and volunteers. The curriculum and lesson plans for training covered the components identified in PREA Standard 115.31.</p> <p>This PREA auditor concludes MSCF is in compliance with PREA standard 115.31.</p> |
|--|---|

| <b>115.32</b> | <b>Volunteer and contractor training</b>   |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.32. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.32. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.32.</p> <p>While onsite, this PREA interviewed 2 randomly selected contractors. Each acknowledged receiving PREA training and refresher training. Each was able to thoroughly share their responsibilities if informed, observe, or gain knowledge of</p> |

|  |  |
|--|--|
|  | <p>sexual abuse or sexual harassment. Additionally, MSCF’s Institutional PREA Compliance Manager/Assistant Superintendent printed showed MSCF’s electronic training tracking spreadsheet, which entailed the contractor’s name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each contractor’s training verification of attending. This auditor also reviewed the classroom in-person video training curriculum, PREA Staff Training Lesson Plan, and basic course and annual refresher training curriculum used to train employees, contractors, and volunteers. The curriculum and lesson plans for training covered the components identified in PREA Standard 115.32.</p> <p>This PREA auditor concludes MSCF is in compliance with PREA standard 115.32.</p> |
|--|--|

|               |  |
|---------------|--|
| <b>115.33</b> | <b>Inmate education</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.33. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.33. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.33.</p> <p>While onsite, this auditor interviewed an Intake Correctional Officer that shared the intake process once they arrived at the facility. He shared that they go through the “Mid-State Correctional Facility Inmate Intake Property Form,” provide inmates with a zero-tolerance pamphlet as well as the handbook. When this auditor asked for the form, it was reviewed but there was nothing to indicate that PREA information was provided at that time. This auditor also interviewed the Supervisor of Education. She shared that she oversees the PREA education process which occurs within the 30-day period. She shared that inmates view the PREA video within one week of arrival and that comprehensive PREA Education occurs every Friday. At the time of the onsite audit, the PREA Education videos were in English and Spanish only and did not have a video that provided ASL or closed captioned.</p> <p>This auditor interviewed a random selection of 26 MSCF inmates. There were 20 of 26 who stated that they received PREA Education within 30 days of their intake, through a video and question and answer session with the Education Supervisor. This auditor requested verification that the 26 interviewed inmates did receive PREA Inmate Education within 30 days of their intake date. MSCF’s Supervisor of Education</p> |

|  |  |
|--|--|
|  | <p>submitted each inmate’s “PREA Acknowledgement” form. All 26 were verified as evidence of compliance.</p> <p>The NJDOC’s Policy PCS.001.008 (d) states: “The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.”</p> <p>This auditor recommended that MSCF develop a procedure for providing PREA Information to inmates at intake. This auditor also recommended providing consistent and documented PREA Information to inmates at intake, which entails MSCF’s zero-tolerance for SA and SH, inmate rights, how to report, all allegations will be investigated, and retaliation protection. Finally, this auditor recommended that MSCF accompany the PREA Information with documentation that each inmate received the information during the intake process. Finally, this auditor recommends that MSCF establishes and demonstrates consistency in practice before compliance can be determined. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.33. Corrective Action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted completed inmate “<i>Prison Rape Elimination Act Pamphlet Receipts</i>” of 14 randomly selected MSCF inmates. These receipts are signed by each inmate, at intake, once the inmate receives and reviews the “<i>PREA Pamphlet</i>” with the intake staff. Within 30 days of the inmate’s intake, the inmate is provided Comprehensive PREA Orientation/Education. Finally, these “<i>PREA Pamphlets</i>” are provided in English and Spanish.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.33.</p> |
|--|--|

|               |   |
|---------------|---|
| <b>115.34</b> | <p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.34. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.34. This auditor reviewed “NJDOC’s</p> |
|---------------|---|



|  |   |
|--|---|
|  | <p>Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.34.</p> <p>This PREA auditor also reviewed NJDOC’s “Specialized Investigator’s Training” via DVD, as evidence of compliance. This auditor also interviewed 2 randomly selected MSCF administrative PREA investigators. Both knew their responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Both investigators identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed both interviewed PREA investigator’s training transcripts, submitted by MSCF’s SID Investigators Division. These training transcripts verified the specialized training all the MSCF PREA investigators received training through the classroom or through the National Institute of Corrections (NIC) web-based training.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.34.</p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.35</b> | <b>Specialized training: Medical and mental health care</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.35. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.35. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.35.</p> <p>While onsite, this PREA auditor interviewed MSCF’s Clinician Supervisor and Director of Nursing. Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence preservation, reporting procedures, and forensic examination protocols. All knew their coordinated response responsibilities if an inmate is sexually abused at MSCF. This auditor also reviewed MSCF PREA video, which is used to train new medical and mental health staff. This auditor also reviewed MSCF’s Clinician Supervisor, Director of Nursing, and other medical staff training transcripts, submitted by MSCF’s IPCM/Asst. Superintendent. These training transcripts verified that medical and mental health contracted providers received that annual PREA training received by MSCF employees. However, MSCF’s medical and mental health contracted providers provided no evidence of receiving specialized training verification.</p> |



|  |   |
|--|---|
|  | <p>This auditor recommended that all medical and mental health staff at MSCF take approved specialized training for mental health and medical professionals working in confinement. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.35. Corrective action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted completed specialized training acknowledgements of the 17 Rutgers University contractor mental health and medical staff working at MSCF. The 17 verified Rutgers University staff acknowledge viewing NJDOC’s approved specialized medical and mental health training video and comprehending the content.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.35.</p> |
|--|---|

| <b>115.41 Screening for risk of victimization and abusiveness</b> |   |
|---|---|
|   | <b>Auditor Overall Determination:</b> Meets Standard  |
|   | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.41. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.41. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.41.</p> <p>While on site, this auditor interviewed the Institutional PREA Compliance Manager (IPCM)/Assistant Superintendent that explained the process of obtaining the inmate’s risk of victimization and abusive history information. During the interview the IPCM shared that Garden State Correctional Facility is the Assessment Hub for the male inmates committed to the NJDOC. They conduct all PREA Initial Screenings upon arrival. This exhaustive screening process entails screener observations, inmate self-report and a “receiving chart” review which aligns with 115.41. Upon completion of their initial screening, they receive a PREA risk score and status. Once the assessment period is over at Garden State Correctional Facility, the inmate is then transferred to the facility where they will serve their sentence.</p> <p>This auditor then interviewed the Medical Nurse Manager and an RN who administers</p> |

MSCF's "PREA Transfer Screening" tool. They shared that upon arrival to the transferred facility, the facility medical staff conducts the Transfer PREA Screening within 72 hours of inmate arrival and it is based on four self-report questions. Based on the inmate response to these questions, the MSCF's Medical Electronic Screening allows the inmates self-reported response to override Garden State's initial PREA screening outcome. This auditor reviewed this screening tool which had the following questions therein:

1. *Does the inmate report being sexually abused by others in the past? If yes, does the inmate verbally consent to allow the reporting of this information to NJDOC?*
2. *Does the inmate report currently being sexually abuse by others?*
3. *Does the inmate report being sexually abusive towards others in the past?*
4. *Does the inmate report currently being sexually abusive towards others?*

This auditor did not believe the 4 above questions alone gather enough information to close the gap to provide enough information to guide programming assignments, education, work, housing and bedding decisions. Additionally, the system should not override the initial PREA risk level and status based on inmate self-reporting. This skews the scoring process making it less reliable with the possibility of inaccuracy when considering an inmate's risk level and status.

This auditor asked the Medical Nurse Manager, "What happens when an inmate answers "YES" to any of the questions on the assessment screening that identifies the inmate as having a history of being a sexual victim or sexually abusive?" MSCF's Nurse Manager shared that she shares the information with the Clinical Supervisor. When this auditor interviewed the Clinical Supervisor, there was no indication or documented verification that follow-ups with these inmates are occurring within 14-days. This auditor shared with the Clinical Supervisor that there should be follow-up meetings with the inmate having history of sexual victimization or sexual abusiveness within 14-days of the intake screening conducted by MSCF's Nursing.

Finally, this auditor interviewed 26 randomly selected MSCF inmates. This auditor asked the inmates if they received a PREA Risk Screening and if the above 4 questions were asked again during their stay. There were 20 of the 26 interviewed inmates who shared that they recalled receiving PREA Risk Screening. Also, 18 of the 26 interviewed inmates shared that they did not recall receiving a 30-day PREA Risk Reassessment. When this auditor requested to review 30-day reassessments of the random selection of 26 interviewed inmates, all 26 PREA Risk Reassessments were provided and completed.

This auditor recommended that MSCF revamp their electronic "PREA Transfer/ Reassessment Screening" tool (mentioned above), to ensure that the screener is reaffirming the screening outcomes of the initial exhaustive screening completed at Garden State Correctional Facility while compiling new information for the transfer screening. This electronic "PREA Transfer/Reassessment Screening" tool should not be allowed to override the initial risk score and status (from Garden State Correctional

|  |  |
|--|--|
|  | <p>Facility) unless the new information is “new victimization information reported” or an “undisclosed report of sexual abuse” which was not reported at the initial assessment. The screening tool should never allow an inmate to self-report in a manner which will delete the original perpetrator status. Additionally, the NJDOC “<i>PREA 30 Day Risk Reassessment Monitoring Form</i>” should be revamped to reflect the same questions as well. This auditor recommended example “<i>Transfer PREA Risk Screening</i>” questions. This PREA auditor concluded MSCF was not in compliance with PREA standard 115.41. Corrective Action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted a revamped <i>PREA Risk Screening Tool</i>. This PREA Risk Screening tool considers, at a minimum, the criteria identified in this PREA 115.41 standard to assess inmates for risk of sexual victimization and abusiveness. Additionally, NJDOC’s revamped <i>PREA Risk Screening Tool</i> has a scoring mechanism with a 3-point calibrated threshold to assess inmate risk of sexual victimization and a 2-point calibrated threshold to assess inmate risk of sexual abusiveness. Finally, this <i>PREA Risk Screening Tool</i> contains a designation/risk section, as well as a referral section for follow-up with mental health within 14-days of the intake screening.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.41.</p> |
|--|--|

|               |  |
|---------------|--|
| <b>115.42</b> | <p><b>Use of screening information</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.42. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.42. This auditor reviewed “NJDOC’s Policy PCS.001.008,” concluding that it has the necessary language to align with PREA Standard 115.42.</p> <p>While on site, this auditor interviewed the Institutional PREA Compliance Manager (IPCM)/Assistant Superintendent that explained the process of obtaining the inmate’s risk of victimization and abusiveness history information. During the interview the</p> |
|---------------|--|

IPCM shared that Garden State Correctional Facility is the Assessment Hub for the male inmates committed to the NJDOC. They conduct all PREA Initial Screenings upon arrival. This exhaustive screening process entails screener observations, inmate self-report and a "receiving chart" review which aligns with 115.42. Upon completion of their initial screening, they receive a PREA risk score and status. Once the assessment period is over at Garden State Correctional Facility, the inmate is then transferred to the facility where they will serve their sentence. Further, in the interview with the IPCM, she shared that there is an "At Risk" List that is distributed each week that assists the Institutional Classification Committee to determine inmate placement but was unable to provide standard operating procedures/IMP that outlines the process.

This auditor then interviewed the Medical Nurse Manager and an RN who administers MSCF's "PREA Transfer Screening" tool. They shared that upon arrival to the transferred facility, the facility medical staff conducts a Transfer PREA Screening within 72 hours of inmate arrival and it is based on four self-report questions. Based on the inmate response to these questions, MSCF's Medical Electronic Screening allows the inmates self-reported response to override Garden State's initial PREA screening outcome. This auditor reviewed this screening tool which had the following questions therein:

1. *Does the inmate report being sexually abused by others in the past? If yes, does the inmate verbally consent to allow the reporting of this information to NJDOC?*
2. *Does the inmate report currently being sexually abuse by others?*
3. *Does the inmate report being sexually abusive towards others in the past?*
4. *Does the inmate report currently being sexually abusive towards others?*

This auditor does not believe the 4 above questions alone gather enough information to close the gap to provide enough information to guide programming assignments, education, work, housing and bedding decisions. Additionally, the system should not override the initial PREA risk level and status based on inmate self-reporting. This skews the scoring process making it less reliable with the possibility of inaccuracy when considering an inmate's risk level and status.

This auditor asked the Medical Nurse Manager, "What happens when an inmate answers "YES" to any of the questions on the assessment screening that identifies the inmate as having a history of being a sexual victim or sexually abusive?" MSCF's Nurse Manager shared that she shares the information with the Clinical Supervisor. When this auditor interviewed the Clinical Supervisor, there was no indication or documented verification that follow-ups with these inmates are occurring within 14-days. This auditor shared with the Clinical Supervisor that there should be follow-up meetings with the inmate having history of sexual victimization or sexual abusiveness within 14-days of the intake screening conducted by MSCF's Nursing.

Furthermore, this auditor interviewed 26 randomly selected MSCF inmates. This auditor asked the inmates if they received a PREA Risk Screening and if the above 4

questions were asked again during their stay. There were 20 of the 26 interviewed inmates who shared that they recalled receiving PREA Risk Screening. Also, 18 of the 26 interviewed inmates shared that they did not recall receiving a 30-day PREA Risk Reassessment. When this auditor requested to review 30-day reassessments of the random selection of 26 interviewed inmates, all 26 PREA Risk Reassessments were provided and completed.

Finally, this auditor interviewed 1 transgender inmate, who shared that their own perception of their safety is considered at MSCF. Additionally, this inmate shared that they are allowed to shower at opposite times of the general population and get to elect the gender of staff to pat/strip search them. Finally, this auditor confirmed, through interviews with the 26 interviewed inmates and 23 interviewed specialized/security staff, that MSCF do not have designated housing units for transgender/intersex. This was confirmed through this auditor's exhaustive site assessment (tour). NJDOC's PREA Coordinator and MSCF's PREA Compliance Manager shared that transgender confirmation and facility placement are conducted through NJDOC's "*Gender Identification Committee*." Each confirmed/approved transgender/intersex (though the committee) receives an identification card with their elected PREA-related preferences (searches, showering, pronoun, name, etc.).

This auditor recommended that MSCF revamp their electronic "*PREA Transfer/Reassessment Screening*" tool (mentioned above), to ensure that the screener is reaffirming the screening outcomes of the initial exhaustive screening completed at Garden State Correctional Facility while compiling new information for the transfer screening. This electronic "*PREA Transfer/Reassessment Screening*" tool should not be allowed to override the initial risk score and status (from Garden State Correctional Facility) unless the new information is "new victimization information reported" or an "undisclosed report of sexual abuse" which was not reported at the initial assessment. The screening tool should never allow an inmate to self-report in a manner which will delete the original perpetrator status. Additionally, the NJDOC "*PREA 30 Day Risk Reassessment Monitoring Form*" should be revamped to reflect the same questions as well. This auditor recommended example "*Transfer PREA Risk Screening*" questions. This PREA auditor concluded MSCF was not in compliance with PREA standard 115.42. Corrective Action was required.

During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted a revamped PREA Risk Screening Tool. This *PREA Risk Screening Tool* considers, at a minimum, the criteria identified in this PREA 115.41 standard to assess inmates for risk of sexual victimization and abusiveness. Additionally, NJDOC's revamped *PREA Risk Screening Tool* has a scoring mechanism with a 3-point calibrated threshold to assess inmate risk of sexual victimization and a 2-point calibrated threshold to assess inmate risk of sexual abusiveness. Finally, this *PREA Risk Screening Tool* contains a designation/risk section, as well as a referral section for follow-up with mental health within 14-days of

|  |   |
|--|---|
|  | <p>the intake screening.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.42.</p> |
|--|---|

| <b>115.43</b> | <b>Protective Custody</b>  |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.43. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.43. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.43.</p> <p>While on site, this auditor individually interviewed MSCF’s IPCM/Assistant Superintendent and MSCF’s Associate Administrator. Each were consistent that involuntary protective custody/segregation is not used at MSCF for inmates who score to be at risk of victimization unless requested. This auditor also interviewed 26 randomly selected inmates. Each inmate shared that MSCF does not utilize protective custody or segregated housing for risk scores. Finally, during the site visit, this auditor conducted an exhaustive site assessment and observed segregated housing/ Restorative Housing Unit (RHU), but the Correctional Officers interviewed on post stated that those housed in that area were solely due to behavioral issues within the facility.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.43.</p> |

| <b>115.51</b> | <b>Inmate reporting</b>  |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p> |

115.51. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.51. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.51.

While onsite, this PREA auditor interviewed a random selection of 26 MSCF inmates asking, *“Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment?”* There were 24 of 26 who shared 3 to 4 ways to report. Approximately 57% of the 26 total interviewed inmates stated different written avenues to report and all inmates new they could report to a trusted staff. Further, 11 out of 26 inmates knew about the PREA hotline option. When this auditor conducted an exhaustive site assessment, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish, however, they were located in a place away from phones/kiosk areas where inmates can’t easily locate numbers to report sexual abuse or sexual harassment incidents.

Additionally, this auditor observed a mailbox area that delineated specific needs for which the Ombudsman, Mail, and Grievances could be contacted through writing. This auditor also observed kiosks in every dormitory which inmates have privacy to utilize during designated times within the day. During interviews with inmates, they stated that there was not a Spanish option on the J-Pay system, and it was observed that there are many LEP inmates within MSCF’s facility that could benefit from a Spanish option. During this auditor’s interview with the Institutional PREA Compliance Manager/Asst. Superintendent, she confirmed that kiosks are currently only in English limiting LEP inmates from making this an avenue for confidential reporting.

This auditor attempted to call the internal hotline number. It was operable and went to the Ombudsman office which is agency of the Executive Branch of the New Jersey State Government whose function is to provide a mechanism for the continuing resolution of issues, problems or complaints from state-sentenced inmates and inmates. This auditor spoke with the Assistant Ombudsperson, and he shared that when he receives a PREA call he then immediately sends this information to the Command Center who then makes an Ombudsman referral to the Special Investigations Division (SID) to begin the investigative process. This auditor attempted to contact the outside agency reporting hotline number posted on MSCF’s PREA signage. This auditor contacted MSCF identified/posted confidential external reporting hotline number and spoke to the representative. The representative shared that her agency only provides victim advocacy services to MSCF.

This auditor recommended MSCF to relocate current “Zero Tolerance” signage near inmate telephones for easier accessibility. Additionally, this auditor recommends that the J-Pay kiosk system have a Spanish option for LEP inmates and to educate all LEP inmates of this update once it becomes available on the system. Lastly, this auditor recommends that ALL inmates receive “Refresher Education” on the external victim advocacy services available, their purpose, and how to contact them for victim advocacy and emotional support services. This “Refresher Education” for inmates should be properly documented with contents of what was reviewed as well as inmate

|  |   |
|--|---|
|  | <p>signature which acknowledges information being received and understood. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.51. Corrective Action was required.</p> <p>During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor randomly selected 41 MSCF inmates, requesting to see their acknowledgements of receiving "Refresher Education" on MSCF Victim Advocacy community partner ("Burlington County Sexual Assault Program"). NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted 41 completed inmate "Refresher Education" acknowledgements, showing evidence of that MSCF inmates were made aware of the Burlington County advocacy victim support services and their availability to all MSCF inmates. Additionally, MSCF submitted multiple photo evidence of NJDOC's "Zero-Tolerance" posters throughout MSCF's housing units, strategically posted next to telephones, and showing their victim advocacy information and how to access victim advocates. These posters were in English and Spanish. Finally, MSCF submitted multiple photo verifications of MSCF's adding a Spanish option on their J-Pay Kiosk to improve communication avenues for LEP inmates.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.51.</p> |
|--|---|

| <b>115.52</b> | <b>Exhaustion of administrative remedies</b>   |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.52. Mid-State Correctional Facility (MSCF) submitted their "NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008" as evidence of compliance with PREA Standard 115.52. This auditor reviewed "NJDOC's Policy PCS.001.008" and has concluded that it has the necessary language to align with PREA Standard 115.52.</p> <p>While onsite, this PREA interviewed MSCF's Associate Administrator and Institutional PREA Compliance Manager/Asst. Superintendent and NJDOC's PREA Coordinator. Each shared that the NJDOC allows allegations of sexual abuse to be submitted on a grievance form for investigation, the Department has Grievance/Exhaustive Administrative</p> |



Remedies procedures to address allegations of inmate sexual abuse. A portion of the policy is below:

*“NJDOC accepts all grievances related to sexual abuse, regardless of the time frame the alleged abuse occurred. Grievances are handled in accordance with IMM.002.JPG.01 IP Electronic Communication System Guidelines and IMM.002.IRS.001 Remedy System.... A Grievance Form is referred to SID for a PREA investigation. Most administrative investigation decisions will be made within 90 days. In cases where matters require extensive research, forensic testing and documentation, the period of time for action by the reviewing SID official(s) may be extended for up to 70 days if findings indicate that the initial period is insufficient to make an appropriate decision. This extension shall be communicated in writing to the incarcerated person who has submitted the form.... NJDOC does not discipline incarcerated persons for filing a grievance if the incarcerated person made an allegation of sexual abuse in good faith.”*

During interviews with a random selection of inmates, approximately 57% of the 26 total interviewed inmates stated different written avenues to report but did not specifically discuss the grievance process. Additionally, this auditor observed a mailbox area that delineated specific needs for which the Ombudsman, Mail, and Grievances could be contacted through writing. This auditor also observed kiosks in every dormitory which inmates have privacy to utilize during designated times within the day. During interviews with inmates, they stated that there was not a Spanish option on the J-Pay system and it was observed that there are many LEP inmates within MSCF’s facility that could benefit from a Spanish option. During this auditor’s interview with the Institutional PREA Compliance Manager/Asst. Superintendent, she confirmed that kiosks are currently only in English limiting LEP inmates from making this an avenue for confidential reporting.

This auditor recommended that the J-Pay kiosk system have a Spanish option for LEP inmates for grievances and to educate all inmates of this update once it becomes available on the system. Lastly, this auditor recommends that inmates receive refresher education, focused on the available avenues of reporting, specifically through grievances. These refresher education sessions for inmates should be properly documented with the contents of what was reviewed, as well as inmate acknowledgement of information being received and understood. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.52. Corrective Action was required.

During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted multiple photo evidence of NJDOC’s “Zero-Tolerance” posters throughout MSCF’s housing units, strategically posted next to telephones, identifying various ways to report a PREA incident, and showing their victim advocacy information and how to access victim advocates. These posters were

|  |   |
|--|---|
|  | <p>in English and Spanish. Finally, MSCF submitted multiple photo verifications of MSCF’s adding a Spanish option on their J-Pay Kiosk to improve communication avenues for LEP inmates.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.52.</p> |
|--|---|

| <b>115.53</b> | <b>Inmate access to outside confidential support services</b>   |
|---------------|---|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.53. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.53. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.53.</p> <p>This auditor also reviewed NJDOC’s Memorandum of Understanding (MOU) between NJDOC and “Burlington County Sexual Assault Services Program.” The Burlington County Assault Services Program serves as the MSCF’s provider for emotional support and victim advocacy services for sexual abuse victims. All language related to victim advocacy and emotional support services were present in the Memorandum of Understanding and was recently updated 6/4/2024. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor was able to contact the Assistant Ombudsman who reported that he receives hotline calls and forwards them immediately to the Special Investigations Division (SID). SID then begins to coordinate services to assist inmates who report sexual abuse through the activation of the Sexual Abuse Response Team that is made up of security transport, SANE/SAFE, hospital staff, the Prosecutors Office, SID staff, Medical staff and Mental health staff. This auditor called Burlington County via phone and was able to make contact verifying their collaboration with MSCF.</p> <p>This auditor interviewed a random selection of 26 MSCF inmates. When asked about their knowledge of outside victim advocacy and emotional support services provided for sexual abuse victims at MSCF, 10 out of 26 knew that there were local advocacy services available for victims of sexual abuse at MSCF. It is unclear whether this information is reviewed with the inmates during the PREA education period.</p> <p>This auditor also interviewed a random selection of 14 MSCF security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and</p> |

|  |  |
|--|--|
|  | <p>reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate.</p> <p>This auditor recommended that MSCF update their inmate handout which is given at the time of intake orientation upon entrance into the facility with the necessary PREA information for reporting as well as victim advocacy and emotional support services. Additionally, MSCF should incorporate this information into the PREA education session that is provided to inmates within the 30-day period. Finally, this auditor recommended that all current inmates should be given re-fresher education regarding the purpose of and how to appropriately access emotional support services through the Burlington County Sexual Assault Program provides. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.53. Corrective Action was required.</p> <p>During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor randomly selected 41 MSCF inmates, requesting to see their acknowledgements of receiving "Refresher Education" on MSCF Victim Advocacy community partner ("Burlington County Sexual Assault Program"). NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted 41 completed inmate "Refresher Education" acknowledgements, showing evidence of that MSCF inmates were made aware of the Burlington County advocacy victim support services and their availability to all MSCF inmates. Additionally, MSCF submitted multiple photo evidence of posters throughout MSCF's housing units, showing their victim advocacy information and how to access victim advocates. These posters were in English and Spanish.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.53.</p> |
|--|--|

|               |  |
|---------------|--|
| <b>115.54</b> | <b>Third-party reporting</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.54. Mid-State Correctional Facility (MSCF) submitted their "NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008" as evidence of compliance with PREA Standard 115.54. When this staff reviewed the</p> |

|  |   |
|--|---|
|  | <p>Website and the Coordinated Response Plan, each shared 9 different ways to report a sexual abuse or sexual harassment allegation, as well as third-party reporting on the behalf of a ND-DOCR inmate. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.54. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.54.</p> <p>This auditor also reviewed MSCF’s <i>“Inmate Handbook,”</i> which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting inmate). This auditor also reviewed the third-party reporting posted on MSCF’s website. While on site, this auditor interviewed a random selection of 26 inmates, asking of ways an MSCF could report sexual abuse or sexual harassment. There were 22 out of 26 who responded that they could report through a 3rd Party.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.54.</p> |
|--|---|

| <b>115.61</b> | <b>Staff and agency reporting duties</b>  |
|---------------|---|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.61. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.61. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.61.</p> <p>This auditor also reviewed MSCF’s Inmate Handbook, which provided information to inmates on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also interviewed 23 randomly selected MSCF specialized staff, security staff, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at MSCF. Finally, this auditor interviewed 26 randomly selected inmates. There were 26 of 26 interviewed inmates who shared that staff immediately respond to reports of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.61.</p> |

|               |  |
|---------------|--|
| <b>115.62</b> | <b>Agency protection duties</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.62. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.62. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.62.</p> <p>This auditor also interviewed 23 randomly selected MSCF specialized staff, security staff, and contractors, asking the question, “If you learn that an inmate may be at imminent risk of sexual abuse, what steps you would take to protect?” There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff and recommending alternative dormitory or programming adjustments. Finally, this auditor interviewed 26 randomly selected inmates. Each interviewed inmate shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.62.</p> |

|               |  |
|---------------|--|
| <b>115.63</b> | <b>Reporting to other confinement facilities</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.63. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.63. A section of the PCS.001.008 policy states, <i>“The IPCM at each state facility takes the lead after receiving reports that an incarcerated person was sexually abused while incarcerated at another facility within NJDOC, or during incarceration at a facility outside of the Department’s purview. It is the responsibility of the IPCM to advise the facility administrator. The</i></p> |

*facility administrator must notify the head of the facility where the alleged abuse occurred no later than 72 hours after receiving the allegation. Each facility maintains documentation of all such notifications and related communication. This information is also placed in Folder 115.63 on the DOC Net I-Drive."*

This auditor reviewed "NJDOC's Policy PCS.001.008" and has concluded that it has the necessary language to align with PREA Standard 115.63.

While on site, this auditor interviewed MSCF's Institutional PREA Compliance Manager/Asst. Superintendent, who shared that if an inmate reports sexual abuse stemming from a previous facility, MSCF will provide a *"Written notice to the facility and mental health services are offered to the inmate."* She stated that the facility Warden would be the one to communicate to the previous confinement facility within 72 hours of receipt of the information. She also stated that no reports of that nature had been received in the previous year. However, MSCF's IPCM could not provide a letter template or evidence to support their procedure for the process in response to such an allegation. Evidence was also not submitted in OAS to support this procedure. Finally, this auditor interviewed 26 randomly selected inmates. Each interviewed inmate shared they have not reported or have been informed by another inmate that they were a victim of unreported sexual abuse.

This auditor recommended that MSCF's IPCM develop and provide this auditor with a fillable example of *"Reporting to Other Confinement Facility"* memo which aligns with PREA Standard 115.63. This memo should be used by MSCF's facility head to inform other confinement facility heads when/if an MSCF inmate reports a sexual abuse incident which occurred at a previous confinement facility. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.63. Corrective Action was required.

During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) developed and submitted a fillable *"PREA Allegation Notification Memo,"* which is used by each NJDOC Facility Warden/designee to report an inmate's allegation of being sexually abused while at a previous facility. MSCF's Facility Warden understands that MSCF must send the *"PREA Allegation Notification Memo"* within 72 hours of the reported allegation.

This PREA auditor concludes that MSCF is in compliance with PREA standard 115.63.

|               |  |
|---------------|--|
| <b>115.64</b> | <b>Staff first responder duties</b>                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

|  |   |
|--|---|
|  | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.64. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.64. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.64.</p> <p>While on site, this auditor interviewed 26 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. This auditor also reviewed MSCF’s training Curriculum, which had all the first responder deliverables within its information. This auditor also interviewed a random selection of 23 specialized staff, contractors, and security staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. There were 22 out of 23 interviewed staff who knew their first responder duties. All staff interviewed knew their roles from their initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting inmates not to change clothing, use the toilet, or shower. Finally, this auditor interviewed 26 inmates. Each interviewed inmate shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.64.</p> |
|--|---|

| <b>115.65</b> | <b>Coordinated response</b>  |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.65. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.65. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.65.</p> <p>While on site, this auditor also interviewed 23 specialized staff, contractors, and security staff. This auditor shared a scenario of a sexual assault occurring in the room</p> |



|  |   |
|--|---|
|  | <p>area and the victim immediately runs out and reports the assault to the interviewed staff. One hundred percent of staff interviewed (23 of the 23) knew their first responder duties. There were consistent responses from separating and calling for assistance to crime scene preservation and suggesting/requesting inmates not to change clothing, use the toilet, or shower. Furthermore, this auditor asked each interviewed specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, etc.) their coordinated responsibilities if an inmate is sexually abused while they are on duty (not the 1st Responder). Each member of staff knew their coordinated responsibilities.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.65.</p> |
|--|---|

|               |  |
|---------------|--|
| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.66. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.66. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.66.</p> <p>This PREA Auditor interviewed the NJDOC Commissioner, NJDOC PREA Coordinator, and one of MSCF’s Police Benevolent Association (PBA) representatives on 2nd shift that shared that officers are separated from their post and inmate pending the outcome of an investigation. NJDOC maintains a protocol that requires the facility head to request and receive approval from the Director before reassignment is completed. This auditor reviewed the “<i>New Jersey State Policemen’s Benevolent Association Local No. 105</i>” agreement that states such reassignment or transfer possibilities on page 4 section C.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA Standard 115.66.</p> |

|               |  |
|---------------|--|
| <b>115.67</b> | <b>Agency protection against retaliation</b>         |
|               | <b>Auditor Overall Determination:</b> Meets Standard |



|  |   |
|--|---|
|  | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.67. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.67. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.67.</p> <p>While on site, this auditor interviewed 2 SID PREA Investigators as well as the Institutional PREA Compliance Manager/Asst. Superintendent. The SID Investigators submitted copies of their specialized training and knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, and report-writing protocols. The IPCM confirmed that she completed retaliation monitoring for the facility. This auditor requested to see a random selection of 2 completed PREA Administrative Investigations within the last 12 months (2 Unsubstantiated). The 3 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), and recommendations.</p> <p>While reviewing each selected completed investigation packet, this auditor identified that 2 of the 2 reviewed investigation files had “Retaliation Monitoring” completed/ documented. This auditor reviewed documented evidence of retaliation monitoring such as: documented initial retaliation monitoring check, face-to-face check-ins (with inmate signature), documentation of program reviews, disciplinary report reviews for this auditor to conclude compliance.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA Standard 115.67.</p> |
|--|---|

|               |  |
|---------------|--|
| <b>115.68</b> | <p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p> |
|---------------|--|

|  |   |
|--|---|
|  | <p>115.68. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.68. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.68.</p> <p>While on site, this auditor individually interviewed MSCF’s IPCM/Assistant Superintendent and MSCF’s Associate Administrator. Each were consistent that involuntary protective custody/segregation is not used at MSCF for inmates who report victimization unless requested. This auditor also interviewed 26 randomly selected inmates. Each inmate shared that MSCF does not utilize protective custody or segregated housing when an inmate reports abuse. Finally, during the site visit, this auditor conducted an exhaustive site assessment and observed segregated housing/Restorative Housing Unit (RHU), but the Correctional Officers interviewed on post stated that those housed in that area were solely due to behavioral issues within the facility.</p> <p>This auditor concludes that MSCF is in compliance with PREA Standard 115.68.</p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.71</b> | <b>Criminal and administrative agency investigations</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.71. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.71. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.71. This PREA auditor also reviewed “NJDOC’s Coordinated Response Plan,” which discusses the conduct of Administrative and Criminal PREA Investigations. This auditor also confirmed that the Special Investigations Division (SID) is certified and qualified to conduct PREA investigations for MSCF.</p> <p>While on site, this auditor interviewed 2 SID PREA Investigators. MSCF’s Institutional PREA Compliance Manager submitted copies of their PREA Investigator’s Specialized Training through the <i>National Institute of Corrections (NIC)</i>. Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 2 completed PREA Administrative Investigations within the last 12 months (2 Unsubstantiated). The 2 reviewed</p> |

|  |   |
|--|---|
|  | <p>investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, however the primary investigator was not allowed to determine the investigation’s outcome/ conclusion (substantiated, unsubstantiated, or unfounded) and recommendations.</p> <p>This auditor also interviewed MSCF’s SID Principal Investigators, SID PREA Liaison, IPCM, and NJDOC PREA Coordinator. Each shared that the assigned primary SID Investigator completes the investigation, however, does not make a determination on the investigation. Rather, the assigned primary investigator completes the investigation, then meets with the SID Principal Investigator to review the investigation. After this SID review meeting, these specialized trained SID investigators forward the reviewed report to the MSCF’s Facility Administrator/Warden to review and provide the final preponderance of evidence conclusion/determination. While onsite, MSCF was unable to provide this auditor with evidence on specialized training for MSCF Facility Administrator, who’s making the final PREA investigation preponderance of evidence determination.</p> <p>This auditor recommended MSCF provide evidence of specialized training for MSCF Facility Administrators who’s making the final preponderance of evidence conclusion/ determination. This PREA Auditor concluded that MSCF was not in compliance with PREA Standard 115.71. Corrective action was required.</p> <p>During MSCF’s onsite audit, MSCF was unable to produce evidence the MSCF’s Facility Administrator received specialized investigator’s training to provide a final preponderance of evidence determination. However, during their Corrective Action Period, NJDOC’s Regional PREA Coordinator and PREA Compliance Unit (PCU) submitted “<i>Preponderance of Evidence</i>” specialized investigations training acknowledgement for MSCF’s Facility Administrator, as evidence of compliance with this PREA standard. Furthermore, NJDOC’s PREA Coordinator submitted the “<i>Preponderance of Evidence</i>” PowerPoint training curriculums (78 slides), facilitated by “<i>The Moss Group</i>,” which contained investigative definitions, preponderance of evidence discussions and interactive scenarios.</p> <p>This PREA Auditor concludes that MSCF is in compliance with PREA Standard 115.71.</p> |
|--|---|

|               |  |
|---------------|--|
| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p> |

|  |   |
|--|---|
|  | <p>115.72. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.72. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.72. This PREA auditor also reviewed “NJDOC’s Coordinated Response Plan,” which discusses the conduct of Administrative and Criminal PREA Investigations. This auditor also confirmed that the Special Investigations Division (SID) is certified and qualified to conduct PREA investigations for MSCF.</p> <p>This PREA auditor also reviewed “NJDOC’s Coordinated Response Plan,” which discusses the conduct of Administrative and Criminal PREA Investigations. This auditor also confirmed that the Special Investigations Division (SID) is certified and qualified to conduct PREA investigations for MSCF.</p> <p>While on site, this auditor interviewed 2 SID PREA Investigators. MSCF’s Institutional PREA Compliance Manager submitted copies of their PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 2 completed PREA Administrative Investigations within the last 12 months (2 Unsubstantiated). The 2 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), and recommendations.</p> <p>This PREA Auditor concludes that MSCF is in compliance with PREA Standard 115.72.</p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.73</b> | <b>Reporting to inmates</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.73. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.73. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.73.</p> <p>While on site, this auditor interviewed the Institutional PREA Compliance Manager/</p> |

|  |  |
|--|--|
|  | <p>Assistant Superintendent and 2 SID PREA Investigators. MSCF’s Institutional PREA Compliance Manager submitted copies of their PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 2 completed PREA Administrative Investigations within the last 12 months (2 Unsubstantiated). The 2 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), inmate notifications, and recommendations.</p> <p>This PREA Auditor concludes that MSCF is in compliance with PREA Standard 115.73.</p> |
|--|--|

| <b>115.76</b> | <b>Disciplinary sanctions for staff</b>  |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.76. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.76. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.76.</p> <p>This PREA auditor also reviewed the NJDOC “Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008 section 115.76 (a-c)” which shares: <i>“(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”</i> This auditor also interviewed NJDOC’s Commissioner as well as MSCF’s Institutional PREA Compliance Manager/Asst Superintendent, who universally shared NJDOC’s Employee Termination Policy in response to substantiated outcomes of sexual abuse and sexual harassment investigations which can range in various forms of disciplinary actions, up to</p> |

|  |  |
|--|--|
|  | <p>termination and criminal referral.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.76.</p> |
|--|--|

| <b>115.77</b> | <b>Corrective action for contractors and volunteers</b>  |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.77. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” and the Internal Management Procedure PCS.001.VOL.001 “Volunteer Services” as evidence of compliance with PREA Standard 115.77.</p> <p>NJDOC’s PREA Policy PCS.001.008 states, <i>“The NJDOC reserves the right to terminate the services of a volunteer for reasons detailed within Internal Management Procedure PCS.001.VOL.001 Volunteer Services. With regards to PREA, the Internal Management Procedure specifically states:</i></p> <ul style="list-style-type: none"> <li>• <i>All volunteers must comply with the NJDOC’s zero tolerance of sexual assault policy;</i></li> <li>• <i>Any volunteer who engages in sexual abuse shall be prohibited from contact with incarcerated persons and shall be reported to law enforcement agencies if such action constitutes a crime, and to relevant licensing bodies;</i></li> <li>• <i>All volunteers are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against incarcerated persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and</i></li> <li>• <i>The NJDOC shall take appropriate remedial measures and consider whether to prohibit further contact with incarcerated persons in the case of a violation of agency zero tolerance sexual abuse/sexual harassment policies.”</i></li> </ul> <p>This auditor reviewed “NJDOC’s Policy PCS.001.008” and “IMP PCS.001.VOL.001” and concluded that it has the necessary language to align with PREA Standard 115.77.</p> <p>While on site, this auditor also interviewed NJDOC’s Commissioner and MSCF’s Institutional PREA Compliance Manager/Asst. Superintendent who individually shared that they follow NJDOC’s PREA Policy PCS.001.008. Disciplinary actions for contractors and volunteers who receive substantiated outcomes of sexual abuse and sexual</p> |



|  |  |
|--|--|
|  | <p>harassment investigations can range in various forms of disciplinary actions and prohibitive measures, up to termination of contract, notifying licensing bodies, and criminal. Finally, when this auditor interviewed NJDOC's SID PREA Investigators and MSCF's IPCM/Asst. Superintendent further shared that MSCF have not had any reported allegation of sexual abuse or sexual harassment against volunteers or contractors in the past 12-months.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.77.</p> |
|--|--|

|               |   |
|---------------|---|
| <b>115.78</b> | <b>Disciplinary sanctions for inmates</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.78. Mid-State Correctional Facility (MSCF) submitted their "NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008" as evidence of compliance with PREA Standard 115.78. This auditor reviewed "NJDOC's Policy PCS.001.008" and has concluded that it has the necessary language to align with PREA Standard 115.78.</p> <p>This auditor interviewed 26 inmates and asked about MSCF's rules and sanctions for inmate-on inmate sexual abuse or sexual harassment. Inmates were clear that sexual abuse and sexual harassment is not tolerated at MSCF. Each interviewed inmate stated that sexual abuse is not tolerated and is a "LEVEL A" infraction. This auditor reviewed in the "Facility Handbook" to see what sanctions are connected to a "LEVEL A" infraction, The handbook stated, <b><i>"DISCIPLINE PROGRAM (N.J.A.C. 10A-4):</i></b> <i>The primary purpose of the Discipline Program is to ensure compliance with the requirements of correctional facility programs and the behavioral standards and limitations imposed by the Administration and NJDOC. An IP who commits a prohibited act(s) shall be subject to disciplinary action and a sanction that is imposed by a Disciplinary Hearing Officer designated by the Commissioner. The disciplinary committee may impose any of the following sanctions, or any combination of the following sanctions, for a Level A offense:</i></p> <p><i>A sanction of no less than 181 days and no more than 365 days of Restorative Housing Unit (RHU) placement per incident</i></p> <p><i>Additionally, one or more of the following sanctions:</i></p> |

- a. *Loss of one or more correctional facility privileges for up to 30 calendar days*
- b. *Loss of commutation time up to 365 calendar days, subject to confirmation by the Administrator/Designee*
- c. *Up to two weeks confinement to room or housing unit*
- d. *Any sanction prescribed for the On-the-Spot-Correction*
- e. *Confiscation*
- f. *Up to 14 hours extra duty, to be performed within a maximum of two weeks*
- g. *Referral to the Mental Health Department for appropriate care/treatment*
- h. *Loss of furlough privileges up to 2 months*
- i. *Loss of tablet or similar handheld electronic device up to 30 calendar days"*

Finally, this PREA auditor interviewed MSCF’s Institutional PREA Compliance Manager/ Asst. Superintendent who individually shared MSCF’s protocol on substantiated inmate-on-inmate sexual abuse investigations. They were aligned with policy on inmate sanctions for sexual abuse/sexual harassment, sharing that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. MSCF’s IPCM also shared that the disciplinary committee do take into consideration any diagnosed/documentated mental health history/mental disabilities prior to making sanction determinations.

This PREA auditor concludes that MSCF is in compliance with PREA standard 115.78.

| 115.81 | <b>Medical and mental health screenings; history of sexual abuse</b>   |
|--------|--|
|        | <b>Auditor Overall Determination:</b> Meets Standard   |
|        | <p data-bbox="256 1532 544 1563"><b>Auditor Discussion</b></p> <p data-bbox="256 1608 1453 2018">This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.81. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.81. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.81.</p> <p data-bbox="256 2056 1422 2087">While on site, this auditor interviewed the Institutional PREA Compliance Manager</p> |



(IPCM)/Assistant Superintendent that explained the process of obtaining the inmate's risk of victimization and abusive history information. During the interview the IPCM shared that Garden State Correctional Facility is the Assessment Hub for the male inmates committed to the NJDOC. They conduct all PREA Initial Screenings upon arrival. This exhaustive screening process entails screener observations, inmate self-report and a "receiving chart" review which aligns with 115.81. Upon completion of their initial screening, they receive a PREA risk score and status. Once the assessment period is over at Garden State Correctional Facility, the inmate is then transferred to the facility where they will serve their sentence.

This auditor then interviewed the Medical Nurse Manager and an RN who administers MSCF's "PREA Transfer Screening" tool. They shared that upon arrival at the transferred facility, the facility medical staff conducts the Transfer PREA Screening within 72 hours of inmate arrival and it is based on four self-report questions. Based on the inmate response to these questions, MSCF's Medical Electronic Screening allows the inmates self-reported response to override Garden State's initial PREA screening outcome. This auditor reviewed this screening tool which had the following questions therein:

1. *Does the inmate report being sexually abused by others in the past? If yes, does the inmate verbally consent to allow the reporting of this information to NJDOC?*
2. *Does the inmate report currently being sexually abuse by others?*
3. *Does the inmate report being sexually abusive towards others in the past?*
4. *Does the inmate report currently being sexually abusive towards others?*

This auditor does not believe the 4 above questions alone gather enough information to close the gap to provide enough information to guide programming assignments, education, work, housing and bedding decisions. Additionally, the system should not override the initial PREA risk level and status based on inmate self-reporting. This skews the scoring process making it less reliable with the possibility of inaccuracy when considering an inmate's risk level and status.

This auditor does not believe the 4 above questions alone gather enough information to close the gap to provide enough information to guide programming assignments, education, work, housing and bedding decisions. Additionally, the system should not override the initial PREA risk level and status based on inmate self-reporting. This skews the scoring process making it less reliable with the possibility of inaccuracy when considering an inmate's risk level and status.

This auditor asked the Medical Nurse Manager, "What happens when an inmate answers "YES" to any of the questions on the assessment screening that identifies the inmate as having a history of being a sexual victim or sexually abusive?" MSCF's Nurse Manager shared that she shares the information with the Clinical Supervisor. When this auditor interviewed the Clinical Supervisor, there was no indication or documented verification that follow-ups with these inmates are occurring within 14-days. This auditor shared with the Clinical Supervisor that there should be follow-

up meetings with the inmate having history of sexual victimization or sexual abusiveness within 14-days of the intake screening conducted by MSCF's Nursing.

Furthermore, this auditor interviewed 26 randomly selected MSCF inmates. This auditor asked the inmates if they received a PREA Risk Screening and if the above 4 questions were asked again during their stay. There were 20 of the 26 interviewed inmates who shared that they recalled receiving PREA Risk Screening. Also, 18 of the 26 interviewed inmates shared that they did not recall receiving a 30-day PREA Risk Reassessment. When this auditor requested to review 30-day reassessments of the random selection of 26 interviewed inmates, all 26 PREA Risk Reassessments were provided and completed.

This auditor recommended that MSCF revamp their electronic "*PREA Transfer/Reassessment Screening*" tool (mentioned above), to ensure that the screener is reaffirming the screening outcomes of the initial exhaustive screening completed at Garden State Correctional Facility while compiling new information for the transfer screening. This electronic "*PREA Transfer/Reassessment Screening*" tool should not be allowed to override the initial risk score and status (from Garden State Correctional Facility) unless the new information is "new victimization information reported" or an "undisclosed report of sexual abuse" which was not reported at the initial assessment. The screening tool should never allow an inmate to self-report in a manner which will delete the original perpetrator status. Additionally, the NJDOC "*PREA 30 Day Risk Reassessment Monitoring Form*" should be revamped to reflect the same questions as well. This auditor recommended example "*Transfer PREA Risk Screening*" questions. This PREA auditor concluded MSCF was not in compliance with PREA standard 115.81. Corrective Action was required.

During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted a revamped *PREA Risk Screening Tool*. This *PREA Risk Screening Tool* considers, at a minimum, considers the criteria identified in this PREA 115.41 standard, to assess inmates for risk of sexual victimization and abusiveness. Additionally, NJDOC's revamped *PREA Risk Screening Tool* has a scoring mechanism with a 3-point calibrated threshold to assess inmate risk of sexual victimization and a 2-point calibrated threshold to assess inmate risk of sexual abusiveness. Furthermore, this *PREA Risk Screening Tool* contains a designation/risk section, as well as a referral section for follow-up with mental health within 14-days of the intake screening. Finally, MSCF submitted 14-day follow-ups of 8 inmates randomly selected by this auditor. Each follow-up was conducted within their appropriate 14-day threshold date, as well as having content in the notes for referral, enhanced services, or refusal for further follow-up.

This PREA auditor concludes that MSCF is in compliance with PREA standard 115.81.

|               |   |
|---------------|---|
| <b>115.82</b> | <b>Access to emergency medical and mental health services</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1453 748">This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.82. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.82. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.82.</p> <p data-bbox="256 786 1481 1115">While onsite, this auditor conducted an exhaustive site assessment of MSCF’s medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral medical needs and dental services. MSCF’s Onsite Medical Supervisor/Department Nurse Manager also shared that the medical team picks up inmate “sick call forms” at minimum once daily by the nurse on duty. Decisions are made based on the team’s professional judgements. She further stated that inmate victims are informed about emergency contraception by the local hospital and followed-up by MSCF medical team.</p> <p data-bbox="256 1153 1481 1518">This auditor interviewed the Onsite Medical Supervisor/Department Nurse Manager, Clinician Supervisor, Section Chief, and Deputy Director of Healthcare Compliance shared that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. They further shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals such as Virtua Mount Holly Hospital, for acute/serious medical services. Finally, MSCF’s Clinician Supervisor and DNM shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.</p> <p data-bbox="256 1556 1453 1760">Finally, this auditor interviewed a random selection of 26 inmates, asking about the effectiveness of medical and mental health care. All 26 inmates shared positive responses about the provision of services by MSCF medical and mental health team. There was consistency in responses that the “sick call” requests turnaround time is within 24 hours.</p> <p data-bbox="256 1798 1453 1832">This PREA auditor concludes that MSCF is in compliance with PREA standard 115.82.</p> |

|               |  |
|---------------|--|
| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b> |
|---------------|--|

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.83. Mid-State Correctional Facility (MSCF) submitted their "NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008" as evidence of compliance with PREA Standard 115.83. This auditor reviewed "NJDOC's Policy PCS.001.008" and has concluded that it has the necessary language to align with PREA Standard 115.83.

While onsite, this auditor conducted an exhaustive site assessment of MSCF's medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral medical needs and dental services. MSCF's Onsite Medical Supervisor/Department Nurse Manager also shared that the medical team picks up inmate "sick call forms" at minimum once daily by the nurse on duty. Decisions are made based on the team's professional judgements. She further stated that inmate victims are informed about emergency contraception by the local hospital and followed-up by MSCF medical team.

This auditor interviewed the Onsite Medical Supervisor/Department Nurse Manager, Clinician Supervisor, Section Chief, and Deputy Director of Healthcare Compliance shared that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. They further shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals such as Virtua Mount Holly Hospital, for acute/serious medical services. Finally, MSCF's Clinician Supervisor and DNM shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.

MSCF's IPCM and the DNM shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. MSCF's DNM further stated that victim inmates are offered sexually transmitted infections tests, information about emergency contraception, and follow-up medical services. They follow the discharge plan upon the inmate's return and provide additional emotional support follow up services by the mental health team. Additionally, the mental health team confirmed that they do offer and provide services to the perpetrator to discuss underlining triggers to current behaviors.

Finally, this auditor interviewed a random selection of 26 inmates, asking about the effectiveness of medical and mental health care. All 26 inmates shared positive responses about the provision of services by MSCF medical and mental health team. There was consistency in responses that the "sick call" requests turnaround time is within 24 hours.

|  |   |
|--|---|
|  | This PREA auditor concludes that MSCF is in compliance with PREA standard 115.83. |
|--|---|

|               |  |
|---------------|--|
| <b>115.86</b> | <b>Sexual abuse incident reviews</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.86. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.86. The NJDOC PCS.001.008 policy states, <i>“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.”</i> This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.86.</p> <p>While on site, this auditor interviewed MSCF’s Institutional PREA Compliance Manager/Asst. Superintendent, and SID Special Investigator who shared that MSCF conducts <i>Sexual Assault Advisory Councils (SAAC)</i> meetings at the conclusion of sexual abuse investigations (within 30 days, unless unfounded). This auditor requested to see the 2 completed PREA Administrative Investigations within the last 12 months (1 Sexual Harassment and 1 Sexual Abuse; Both Unsubstantiated). The 2 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion. However, MSCF did not provide documented evidence of a <i>Sexual Assault Advisory Council (SAAC)</i> meeting occurring for the 1 reviewed unsubstantiated sexual abuse concluded investigation.</p> <p>This auditor recommended that MSCF provide documented evidence that MSCF conducted a <i>Sexual Assault Advisory Council (SAAC)</i> meeting. If MSCF are not conducting SAAC meetings, this auditor recommends establishing multidisciplinary personnel to review concluded PREA sexual abuse investigations (excluding</p> |

|  |   |
|--|---|
|  | <p>unfounded). MSCF's <i>Sexual Assault Advisory Council (SAAC)</i> meeting should review the sexual abuse incidents to see if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, monitoring practice and technology flaws. Finally, this auditor recommended that MSCF establish and demonstrate consistency in practice before compliance could be determined. This PREA auditor concluded that MSCF was not in compliance with PREA standard 115.86. Corrective Action was required.</p> <p>During MSCF's Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC's PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC's PREA Compliance Unit (NJDOC's PREA Coordinator and 2 Regional PREA Compliance Managers) submitted the completed <i>Sexual Assault Advisory Council (SAAC)</i> meeting minutes from the originally requested reviewed investigation. The "<i>PREA Team Incident Review</i>" documentation showed that the SAAC reviews the sexual abuse incidents to see if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, video monitoring and technology flaws. Finally, the SAAC meeting was conducted within the 30-day timeframe required by this standard.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.86.</p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.87</b> | <b>Data collection</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.87. Mid-State Correctional Facility (MSCF) submitted their "NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008" as evidence of compliance with PREA Standard 115.87. This auditor reviewed "NJDOC's Policy PCS.001.008" and has concluded that it has the necessary language to align with PREA Standard 115.87.</p> <p>This PREA auditor reviewed NJDOC's website: <a href="https://www.nj.gov/corrections/pages/PREA.html">https://www.nj.gov/corrections/pages/PREA.html</a> and was able to view Mid-State Correctional Center's 2021 and 2022 Annual Reports but could not locate the annual report for 2023. This auditor was able to verify that uniformed data is collected and disseminated to the public in the reviewed reports. These annual reports also consisted of MSCF's incident-based sexual abuse data collected annually. NJDOC's PREA Coordinator was able to show</p> |

|  |  |
|--|--|
|  | <p>how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This auditor recommended that NJDOC upload the annual report for the year 2023. This PREA auditor concluded that MSCF was not in compliance with PREA Standard 115.87. Corrective Action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted NJDOC’s “2023 Annual Report of Sexual Victimization,” which contains MSCF’s sexual abuse data, investigation/ outcomes, statistics, contributing factors, and corrective actions. Finally, this auditor was able to verify that NJDOC’s annual report has been published and disseminated to the public to review the report.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.87.</p> |
|--|--|

|               |   |
|---------------|---|
| <b>115.88</b> | <b>Data review for corrective action</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.88. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.88. This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.88.</p> <p>This PREA auditor reviewed NJDOC’s website: <a href="https://www.nj.gov/corrections/pages/PREA.html">https://www.nj.gov/corrections/pages/PREA.html</a> and was able to view Mid-State Correctional Center’s 2021 and 2022 Annual Reports but could not locate the annual report for 2023. This auditor was able to verify that uniformed data is collected and disseminated to the public in the reviewed reports. These annual reports also consisted of MSCF’s incident-based sexual abuse data collected annually. NJDOC’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This auditor recommended that NJDOC upload the annual report for the year 2023.</p> |



|  |  |
|--|--|
|  | <p>This PREA auditor concluded that MSCF was not in compliance with PREA Standard 115.88. Corrective Action was required.</p> <p>During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted NJDOC’s “2023 Annual Report of Sexual Victimization,” which contains MSCF’s sexual abuse data, investigation/ outcomes, statistics, contributing factors, corrective actions, and redacted personal identifying information (PII). Finally, this auditor was able to verify that NJDOC’s annual report has been published and disseminated to the public to review the report.</p> <p>This PREA auditor concludes that MSCF is in compliance with PREA standard 115.88.</p> |
|--|--|

|               |  |
|---------------|--|
| <b>115.89</b> | <b>Data storage, publication, and destruction</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed Mid-State Correctional Facility (MSCF) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.89. Mid-State Correctional Facility (MSCF) submitted their “NJDOC Prevention, Detection, and Response of Sexual Abuse and Harassment Policy PCS.001.008” as evidence of compliance with PREA Standard 115.89. MSCF submitted their NJ-DOC’s Policy PCS.001.008 under 115.89 section states, <i>“NJDOC data is made available in accordance with the collection schedule established by the U.S. Department of Justice and is done in compliance with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations. (d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. Pursuant to the established state Records Retention and Disposition Schedule, the retention of aggregated data is required for 10 years, and no personal identifiers are used in the compilation or disclosure of the Report. Destruction of any records shall be done in accordance with the latest Records Retention and Disposition Schedule.”</i></p> <p>This auditor reviewed “NJDOC’s Policy PCS.001.008” and has concluded that it has the necessary language to align with PREA Standard 115.89.</p> <p>This PREA auditor reviewed NJDOC’s website: <a href="https://www.nj.gov/corrections/pages/PREA.html">https://www.nj.gov/corrections/pages/PREA.html</a> and was able to view NJDOC’s PREA-related reports from 2013-2022 (Rate</p> |



of Sexual Abuse and Sexual Victimization Annual Reports). This auditor was also able to view Mid-State Correctional Center’s 2021 and 2022 Annual Reports but could not locate their Annual Report for 2023. This auditor was able to verify that uniformed data is collected and disseminated to the public in the reviewed reports. These annual reports also consisted of MSCF’s incident-based sexual abuse data collected annually. NJDOC’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes. Finally, this auditor interviewed NJDOC’s Commissioner and PREA Coordinator, who also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.87). Finally, this PREA Auditor was able to review NV-DCFS 2021, 2022, and 2023 annual reports on their website.

This auditor recommended that NJDOC upload the annual report for the year 2023. This PREA auditor concluded that MSCF was not in compliance with PREA Standard 115.89. Corrective Action was required.

During MSCF’s Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and email correspondence with NJDOC’s PREA Coordinator and PREA Compliance Unit (PCU). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, NJDOC’s PREA Compliance Unit (NJDOC’s PREA Coordinator and 2 Regional PREA Compliance Managers) submitted NJDOC’s “2023 Annual Report of Sexual Victimization,” which contains MSCF’s sexual abuse data, investigation/ outcomes, statistics, contributing factors, corrective actions, and redacted personal identifying information (PII). Finally, this auditor was able to verify that NJDOC’s annual report has been published and disseminated to the public to review the report.

This PREA auditor concludes that MSCF is in compliance with PREA standard 115.89.

|                |   |
|----------------|---|
| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <p><b>Auditor Discussion</b></p> <p>MSCF understands PREA Standard 115.401, which states, “During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.” MSCF plans to continue to have a PREA audit conducted every three years. This is MSCF’s 3rd PREA Facility Audit Cycle (Cycle 2-Year 3, Cycle 3-Year 3, and Cycle 4-Year 3). The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates. The MSCF inmates were permitted to send confidential information or correspondence to the</p> |

|  |  |
|--|--|
|  | <p>auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes MSCF is in compliance with PREA standard 115.401.</p> |
|--|--|

|                |   |
|----------------|---|
| <b>115.403</b> | <b>Audit contents and findings</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The New Jersey Department of Corrections (NJDOC) submitted their NJDOC's website: <a href="https://www.nj.gov/corrections/pages/PREA.html">https://www.nj.gov/corrections/pages/PREA.html</a>. This auditor was able to view Mid-State Correctional Facility's <i>Cycle 2-Year 3, and Cycle 3-Year 3 PREA Audit Final Reports</i>. This website and its content are available for public viewing.</p> <p>This PREA auditor concludes MSCF is in compliance with PREA Standard 115.403.</p> |

| <b>Appendix: Provision Findings</b> |   |     |
|-------------------------------------|---|-----|
| <b>115.11 (a)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?   | yes |
| <b>115.11 (b)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?  | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?  | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  | yes |
| <b>115.11 (c)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | yes |
|                                     | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)   | yes |
| <b>115.12 (a)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| <b>115.12 (b)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)   |     |
| <b>115.13 (a)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | consideration: Any applicable State or local laws, regulations, or standards?   |     |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?                                      | yes |
|                   | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|                   | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?                            | yes |

|                   |   |     |
|-------------------|---|-----|
| <b>115.14 (a)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na  |
| <b>115.14 (b)</b> | <b>Youthful inmates</b>   |     |
|                   | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | na  |
|                   | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | na  |
|                   | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
|                   | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?   | yes |
| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | na  |
|                   | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the  | na  |

|                   |   |     |
|-------------------|---|-----|
|                   | facility does not have female inmates.)   |     |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?   | na  |
| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?   | yes |
|                   | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                   | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?   | yes |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  | yes |
|                   | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?          | yes |
| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                   | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |

| <b>115.16 (a)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |     |
|-------------------|--|-----|
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?                           | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?                          | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?                        | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?                         | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?                              | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
|                   | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  | yes |
|                   | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication   | yes |



|                   |   |     |
|-------------------|---|-----|
|                   | with inmates with disabilities including inmates who: Have intellectual disabilities?   |     |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?   | yes |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?  | yes |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?   | yes |
|                   | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                                | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?   |     |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?   | yes |
| <b>115.17 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  | yes |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?   | yes |
| <b>115.17 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?  | yes |
|                   | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.17 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?   | yes |

|                   |   |     |
|-------------------|---|-----|
| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  | yes |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                   | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na  |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |

|                   |  |     |
|-------------------|--|-----|
|                   | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)                  | yes |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                   | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.21 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |
|                   | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)   | yes |
|                   | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |
| <b>115.21 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                   | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.21 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | yes |
| <b>115.21 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na  |
| <b>115.22 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |

|                   |  |     |
|-------------------|--|-----|
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?   | yes |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  | yes |
| <b>115.22 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                   | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  | yes |
|                   | Does the agency document all such referrals?   | yes |
| <b>115.22 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)                                 | yes |
| <b>115.31 (a)</b> | <b>Employee training</b>   |     |
|                   | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
| <b>115.31 (b)</b> | <b>Employee training</b>   |     |
|                   | Is such training tailored to the gender of the inmates at the employee's facility?   | yes |
|                   | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  | yes |
| <b>115.31 (c)</b> | <b>Employee training</b>   |     |
|                   | Have all current employees who may have contact with inmates received such training?   | yes |
|                   | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?                                   | yes |
|                   | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?   | yes |
| <b>115.31 (d)</b> | <b>Employee training</b>   |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>   |     |

|                   |   |     |
|-------------------|---|-----|
|                   | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.33 (a)</b> | <b>Inmate education</b>   |     |
|                   | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                   | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
| <b>115.33 (b)</b> | <b>Inmate education</b>   |     |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  | yes |
| <b>115.33 (c)</b> | <b>Inmate education</b>   |     |
|                   | Have all inmates received the comprehensive education referenced in 115.33(b)?  | yes |



|                   |   |     |
|-------------------|---|-----|
|                   | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  | yes |
| <b>115.33 (d)</b> | <b>Inmate education</b>   |     |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?   | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?   | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?   | yes |
|                   | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  | yes |
| <b>115.33 (e)</b> | <b>Inmate education</b>   |     |
|                   | Does the agency maintain documentation of inmate participation in these education sessions?   | yes |
| <b>115.33 (f)</b> | <b>Inmate education</b>   |     |
|                   | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?   | yes |
| <b>115.34 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.34 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
|                   | Does this specialized training include proper use of Miranda and  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)   |     |
|                   | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
|                   | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)   | yes |
| <b>115.34 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
| <b>115.35 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or   | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   |     |
| <b>115.35 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)   | na  |
| <b>115.35 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| <b>115.35 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)   | yes |
|                   | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  | yes |
| <b>115.41 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?   | yes |
|                   | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  | yes |
| <b>115.41 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.41 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Are all PREA screening assessments conducted using an objective  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | screening instrument?  |     |
| <b>115.41 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?   | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?   | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?   | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?   | yes |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | Whether the inmate is detained solely for civil immigration purposes?   |     |
| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Does the facility reassess an inmate's risk level when warranted due to a referral?   | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to a request?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?   | yes |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?   | yes |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive  | yes |

|  |  |     |
|--|--|-----|
|  | information is not exploited to the inmate’s detriment by staff or other inmates?  |     |
| <b>115.42 (a) Use of screening information</b> |  |     |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?   | yes |
| <b>115.42 (b) Use of screening information</b> |  |     |
|  | Does the agency make individualized determinations about how to ensure the safety of each inmate?  | yes |
| <b>115.42 (c) Use of screening information</b> |  |     |
|  | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|  | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | present management or security problems?   |     |
| <b>115.42 (d)</b> | <b>Use of screening information</b>  |     |
|                   | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?   | yes |
| <b>115.42 (e)</b> | <b>Use of screening information</b>  |     |
|                   | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.42 (f)</b> | <b>Use of screening information</b>  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)  |     |
| <b>115.43 (a)</b> | <b>Protective Custody</b>   |     |
|                   | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
|                   | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  | yes |
| <b>115.43 (b)</b> | <b>Protective Custody</b>   |     |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?   | yes |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  | yes |
|                   | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)                                      | yes |
|                   | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | yes |
|                   | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | yes |
| <b>115.43 (c)</b> | <b>Protective Custody</b>   |     |



|                                      |   |     |
|--------------------------------------|---|-----|
|                                      | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  | yes |
|                                      | Does such an assignment not ordinarily exceed a period of 30 days?  | yes |
| <b>115.43 (d) Protective Custody</b> |   |     |
|                                      | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  | yes |
|                                      | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?   | yes |
| <b>115.43 (e) Protective Custody</b> |   |     |
|                                      | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| <b>115.51 (a) Inmate reporting</b>   |   |     |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?   | yes |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?   | yes |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |
| <b>115.51 (b) Inmate reporting</b>   |   |     |
|                                      | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                                      | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                                      | Does that private entity or office allow the inmate to remain   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | anonymous upon request?   |     |
|                   | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)   | yes |
| <b>115.51 (c)</b> | <b>Inmate reporting</b>   |     |
|                   | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?   | yes |
|                   | Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |
| <b>115.51 (d)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?   | yes |
| <b>115.52 (a)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| <b>115.52 (b)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)   | yes |
|                   | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.52 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from   | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | this standard.)  |     |
|                   | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.52 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)   | yes |
|                   | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  | yes |
|                   | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.52 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                   | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                   | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.52 (f)</b> | <b>Exhaustion of administrative remedies</b>   |     |

|                   |  |     |
|-------------------|--|-----|
|                   | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                   | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                   | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)   | yes |
|                   | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
|                   | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.52 (g)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.53 (a)</b> | <b>Inmate access to outside confidential support services</b>  |     |
|                   | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  | yes |
|                   | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)  |     |
|                   | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?   | yes |
| <b>115.53 (b)</b> | <b>Inmate access to outside confidential support services</b>  |     |
|                   | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?               | yes |
| <b>115.53 (c)</b> | <b>Inmate access to outside confidential support services</b>  |     |
|                   | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?                         | yes |
|                   | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?   | yes |
| <b>115.54 (a)</b> | <b>Third-party reporting</b>   |     |
|                   | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  | yes |
|                   | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  | yes |
| <b>115.61 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?                    | yes |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual                  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | abuse or sexual harassment or retaliation?   |     |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |
| <b>115.62 (a)</b> | <b>Agency protection duties</b>  |     |
|                   | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  | yes |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?   | yes |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |

|                   |   |     |
|-------------------|---|-----|
| <b>115.63 (c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                   | Does the agency document that it has provided such notification?  | yes |
| <b>115.63 (d)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                   | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  | yes |
| <b>115.64 (a)</b> | <b>Staff first responder duties</b>   |     |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                   | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.64 (b)</b> | <b>Staff first responder duties</b>   |     |
|                   | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  | yes |
| <b>115.65 (a)</b> | <b>Coordinated response</b>   |     |
|                   | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | response to an incident of sexual abuse?  |     |
| <b>115.66 (a)</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |     |
|                   | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| <b>115.67 (a)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  | yes |
|                   | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.67 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?   | yes |
| <b>115.67 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?   | yes |
|                   | Except in instances where the agency determines that a report of  | yes |



|                   |  |     |
|-------------------|--|-----|
|                   | sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?       | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?                | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?                | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?                | yes |
|                   | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?   | yes |
| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?  | yes |
| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?                              | yes |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>  |     |
|                   | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  | yes |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the agency conducts its own investigations into allegations   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)                   |     |
|                   | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.71 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?   | yes |
| <b>115.71 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                   | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                   | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.71 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?            | yes |
| <b>115.71 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  | yes |
|                   | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  | yes |
| <b>115.71 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |

|                   |  |     |
|-------------------|--|-----|
|                   | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  | yes |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?   | yes |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?   | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                   | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?   | yes |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |

|                   |  |     |
|-------------------|--|-----|
| <b>115.73 (b)</b> | <b>Reporting to inmates</b>  |     |
|                   | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.73 (c)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.73 (d)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                   | Following an inmate's allegation that he or she has been sexually  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  |     |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>   |     |
|                   | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?   | yes |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.77 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  | yes |
|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.77 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  | yes |
| <b>115.78 (a)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?   | yes |
| <b>115.78 (b)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  | yes |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  | yes |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?   | yes |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish   | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | evidence sufficient to substantiate the allegation?   |     |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  | yes |
| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).              | yes |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)                            | yes |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).                  | yes |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior  | yes |

|                   |   |     |
|-------------------|---|-----|
|                   | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  |     |
| <b>115.82 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| <b>115.82 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?   | yes |
|                   | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.82 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?          | yes |
| <b>115.82 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |
| <b>115.83 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?      | yes |
| <b>115.83 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse</b>  |     |



|                   |   |     |
|-------------------|---|-----|
|                   | <b>victims and abusers</b>  |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)   | na  |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na  |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)   | yes |

|                   |   |     |
|-------------------|---|-----|
| <b>115.86 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.86 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.86 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.86 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                   | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                   | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                   | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                   | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                   | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?     | yes |
| <b>115.86 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |

|                   |   |     |
|-------------------|---|-----|
| <b>115.87 (a)</b> | <b>Data collection</b>  |     |
|                   | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.87 (b)</b> | <b>Data collection</b>  |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>  |     |
|                   | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.87 (d)</b> | <b>Data collection</b>  |     |
|                   | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.87 (e)</b> | <b>Data collection</b>  |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  | yes |
| <b>115.87 (f)</b> | <b>Data collection</b>  |     |
|                   | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | yes |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>  |     |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?                    | yes |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
|                   | Does the agency review data collected and aggregated pursuant   | yes |

|                    |  |     |
|--------------------|--|-----|
|                    | to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? |     |
| <b>115.88 (b)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  | yes |
| <b>115.88 (c)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?   | yes |
| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  | yes |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?   | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?                      | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?   | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>   |     |

|                    |  |     |
|--------------------|--|-----|
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                        | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  | no  |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)      | no  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?   | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?   | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  | yes |
| <b>115.403</b>     | <b>Audit contents and findings</b>   |     |

| <b>(f)</b> |   |     |
|------------|---|-----|
|            | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |