

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: MAY 18, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: April 24-25, 2017			
Facility Information			
Facility name: Middlesex County Correctional Center			
Facility physical address: 1 Apple Orchard Lane, North Brunswick, NJ 08902			
Facility mailing address: <i>(if different from above)</i> P.O. Box 266, New Brunswick, NJ 08903			
Facility telephone number: (732) 297-3636			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Ronald Rios			
Number of staff assigned to the facility in the last 12 months: 42			
Designed facility capacity: 1436			
Current population of facility: 690			
Facility security levels/inmate custody levels: Multi-custody classification facility			
Age range of the population: 18-over 60			
Name of PREA Compliance Manager: Jeffrey Knight		Title: Administrative Lieutenant	
Email address: Jeffrey.knight@co.middlesex.nj.us		Telephone number: (732) 951-3339	
Agency Information			
Name of agency: Middlesex County Office of Adult Corrections and Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Middlesex County Board of Chosen Freeholders			
Physical address: 1 Apple Orchard Lane, North Brunswick, NJ 08902			
Mailing address: <i>(if different from above)</i> P.O. Box 266, New Brunswick, NJ 08903			
Telephone number: (732) 297-3636			
Agency Chief Executive Officer			
Name: Ronald Rios		Title: Freeholder / Director	
Email address: Ronald.rios@co.middlesex.nj.us		Telephone number: (732) 745-5792	
Agency-Wide PREA Coordinator			
Name: Bobbie Danino		Title: PREA Coordinator	
Email address: bobbie.danino@co.middlesex.nj.us		Telephone number: (732) 951-3440	

AUDIT FINDINGS

NARRATIVE

The onsite audit of the Middlesex County Correctional Center was conducted on April 24, 2017. Six weeks prior to the onsite audit the auditor forwarded the Notice of PREA Audit and requested that it be posted in areas accessible to staff, residents, contractors, visitors and volunteers. The Notices provided contact information enabling anyone interested in communicating with the auditor regarding any PREA related issue to write him. The auditor did not receive any communications from anyone. The auditor contacted the Agency's PREA Coordinator early in the process and communications were frequent and helpful. The Agency's PREA Coordinator is a real communicator who is very knowledgeable of the PREA Standards. She was always more than responsive to any request from the auditor. Thirty days prior to the onsite audit the PREA Coordinator and the Facility's PREA Compliance Manager sent the auditor a flash drive containing the Pre-Audit Questionnaire, agency policies and procedures and additional supporting documentation enabling the auditor to understand the operations of the detention center and to assess compliance. Additional documents to support compliance were requested by the auditor to be provided onsite. By prior agreement, the facility agreed to allow the auditor to arrive at the facility prior to the overnight shift staff departing the center.

The auditor arrived at the facility at approximately 0545 to interview overnight shift staff. The auditor was greeted by the Facility PREA Compliance Manager. Following brief introductions, the auditor began interviewing overnight shift staff. After these interviews, the auditor continued interviewing staff from the day shift. After administrative staff arrived, the PREA Compliance Manager and the PREA Coordinator escorted the auditor on a tour of the facility.

After the tour, the auditor continued interviews with random and specialized staff.

On day two of the audit the auditor interviewed inmates. Included in those interviews were several inmates who were disabled, who had experienced prior sexual abuse and who had reported sexual harassment or sexual abuse at this facility.

The facility provided the additional requested documentation for review. Following this review, the auditor met with the PREA Compliance Manager and PREA Coordinator to discuss preliminary findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

Middlesex County has a long history of national leadership in jail operations. In 1917, when the jail opened in New Brunswick, Middlesex pioneered a number of architectural innovations.

In 1978, the Board of Freeholders combined the jail and the workhouse into a unified Department of Corrections. A modern facility was constructed in North Brunswick and the old buildings were closed. Since opening in 1984, the Adult Correction Center has been recognized as a leader in Direct Supervision Jail Management. Through the years, jail leaders from all around the country (and even overseas) have visited Middlesex County. In 2013, the Middlesex County Department of Corrections processed over 8,500 inmate commitments. The average daily population of the facility totaled 911.

The Department of Corrections is composed of 292 employees, administrators, correction officers, supervisors and support staff.

The Warden is responsible to ensure the highest degree of protection for the citizens of Middlesex County and to ensure the safety of the staff through the secure confinement of inmates committed to the Middlesex County Department of Corrections.

The Warden's Administrative Staff currently consists of (3) Captains and (2) Administrative Lieutenants whose duties cover such responsibilities as Custody Operations, inmate intake processing, housing and inmate discharge/bail processing. It also includes oversight of such activities as rehabilitative/ social services, inmate classification, inmate disciplinary operations, and support services.

The Business Manager is responsible for purchasing, payroll, personnel and related administrative support services. The Maintenance Superintendent is responsible for the building, grounds and equipment. Food Services, Medical Services, Social Services and Commissary Services are provided by contract with private companies.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology included the following: 1) Providing Notice of PREA Audit enabling anyone with any PREA related issues to communicate with the auditor; 2) Reviewing information reported on the Pre-Audit Questionnaire as well as policies, procedures and other supporting documentation provided on the flash drive prior to the onsite audit; 3) Requesting additional samples of documents to review onsite; 4) Conducting an onsite audit; 5) Tour the facility to observe supervision of inmates, staffing levels, how the facility mitigates blind spots (cameras, mirrors, key restriction, staff placement for supervision) locations and accessibility of phones, observations of living quarters, observation of restrooms, showers and areas for changing clothes and accessibility of PREA related posters; 6) Interviewing randomly selected staff; 7) Interviewing specialized staff; 8) Interviewing random inmates as well as any special category inmate(s); 9) Interviewing contractors, volunteers and outside support services staff and 10) Reviewing additional documentation requested and provided. The auditor reviewed 43 standards. Thirty-six (36) standards were rated "met" standards. Four (4) standards were rated "exceeds" standards. These included 115.34, Specialized Training: Investigations; 115.34, Specialized Training: Medical and Mental Health Care; 115.41, Screening for Victimization and Abusiveness and 115.71, Criminal and Administrative Agency Investigations. Three (3) standards were rated "not applicable". These included: 115.12, Contracting with Other Entities for the Confinement of Inmates; 115.14, Youth Inmates; 115.18, Upgrades to Facilities and Technologies.

Number of standards exceeded: 4

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

The Middlesex County Correctional Center PREA Policy clearly states the Department has a zero tolerance for all forms of sexual misconduct and sexual harassment. Policy prohibits staff, which includes Department employees, persons providing services by agreement with or under contract with the Department, and volunteers from engaging in sexual misconduct, abuse or harassment of an inmate.

The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment as written in the PREA Standards. The Middlesex County Correctional Center PREA Policy describes, throughout the policy, the strategies the agency and facility have implemented to reduce and prevent sexual abuse and sexual harassment of inmates. The Agency has designated a PREA Coordinator to implement, coordinate and oversee the implementation of the PREA Standards in the County's Adult Correctional Center and the Juvenile Detention Center. Interviews before, during and after the on-site PREA Audits confirmed the Agency has appointed an intelligent, motivated and experienced staff member to serve as the PREA Coordinator for the Agency. She is not only knowledgeable of the PREA Standards but has implemented, through a team effort, the standards in both the Correctional Center and the Juvenile Detention Center in a comprehensive manner.

The reviewed Agency's Organizational Chart, reflecting the lines of authority and responsibility within the organization, identified the PREA Coordinator's position and the lines of authority indicated the Coordinator reports directly the Agency Head. This demonstrates the value the Agency has placed on PREA and the sexual safety of inmates and residents in their care and custody. PREA Policy, Procedure B., Department PREA Coordinator and Facility PREA Compliance Managers, charges the Agency PREA Coordinator with the responsibility for developing, implementing, and overseeing the Department's efforts to comply with the PREA Standards in all of its facilities. Additional responsibilities include receiving and tracking responses to reports of sexual misconduct. Procedure B. outlines the duties of the PREA Coordinator. A formal interview with the PREA Coordinator confirmed she has sufficient time and authority to perform her PREA related duties. She indicated the Warden of the Middlesex County Correctional Center, who is the Agency Head, is an intelligent and very proactive administrator who values PREA. She also indicated she has his complete support and has supported any recommendations in the implementation of PREA in his facilities, not just verbally but through actions. According to the PREA Coordinator, the Agency Head (also serving as the Warden of the Middlesex County Correctional Center) holds at least monthly meetings with his executive team, which enables her to bring any PREA related issues to the table with the staff who can ensure policies and procedures are implemented and to ensure practice is consistent with policy. She also related she has been actively involved in ensuring inmates at the adult center and juveniles at the juvenile detention center are made aware of the Zero Tolerance Policy and how to prevent and report sexual abuse or sexual harassment. Two PREA Compliance Managers report to the PREA Coordinator.

The Agency PREA Policy for the Correctional Center, in Paragraph 3 of Procedure B., requires each Administrator/Warden to designate a PREA Compliance Manager (PCM) to coordinate the facility's compliance with PREA standards. It also requires the PREA Compliance Manager (PCM) to be a staff person who has a supervisory position at the facility. Procedure B. also addresses additional specific responsibilities of the PCM. The Warden of the Correctional Center has designated the Administrative Lieutenant to serve as the facility's PREA Compliance Manager. Communications in this facility are obviously

valued and the PREA Compliance Manager has complete and unrestricted access to the Warden, as needed and to the Captain of Operations in implementing PREA and overseeing its implementation. An interview with the PREA Compliance Manager indicated that he is an exceptionally knowledgeable individual who has a grasp of the PREA Standards but also a real grasp of how to implement them in his facility. When asked how he goes about implementing the PREA Standards he was very responsive. He indicated he has the complete support of the Correctional Center's Administration, including the Warden. He related the Warden has been supportive of everything the PERA Coordinator and PREA Compliance Manager have requested in implementing PREA. He stated the Warden even approved more staff and he indicated the Warden will provide funds to accomplish the PREA mission. In implementing the PREA Standards in this facility he related his approach was to work in tandem with the PREA Coordinator, who is another exceptionally knowledgeable individual, in this mission. He related there was a lot of interaction with staff, hands on work, and training to secure staff "buy in". He indicated, where policies and procedures needed to be changed, they were changed. Then staff and inmates had to be trained.

One hundred percent (100%) of the Interviewed staff related they have been trained in the zero tolerance policy and are aware that no form of sexual misconduct is tolerated and will result in disciplinary action and possible referral for prosecution. Likewise, one hundred (100%) of the Interviewed inmates indicated they were aware the agency has a zero tolerance for any form of sexual misconduct and that violations of agency policy may result in disciplinary sanctions and referral for prosecution for acts that appear criminal in nature.

Multiple reviewed acknowledgment forms confirmed staff and inmate awareness of the zero-tolerance policy for all forms of sexual activity and for retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation.

Zero Tolerance is discussed in the PREA Pamphlets provided to inmates and in multiple PREA related posters placed throughout the facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

This standard is rated "not applicable". The facility does not contract with other entities for the confinement of inmates. This was confirmed through interviews with the PREA Coordinator and the PREA Compliance Manager.

Standard 115.13 Supervision and monitoring

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

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.

It is the policy of the Office of Adult Corrections and Youth Services to follow a daily staffing plan that complies with the state’s standards for operation. The Purpose of this policy is to provide a safe and secure environment, free from any threat of violence, sexual abuse or sexual harassment for all inmates and staff of the Adult Correctional Center. All staff, contractors, and volunteers are trained in the policy regarding the Prison Rape Elimination Act (PREA) and the zero-tolerance policy, as well as prevention, detection, elimination, response, and their obligation to report all incidents of sexual abuse/harassment.

The facility’s staffing plan is predicated upon the staff to inmate ratios established by the State of New Jersey. The mandated ratio is 64 inmates to one (1) officer. The PREA Compliance Manager (PCM), in his interview, related the facility has never deviated from that plan/ratio. In the event of unexpected and/or unforeseen absences or “call outs”, the PCM related the facility has the capability of pulling staff from other areas of the facility without jeopardizing safety and security or adversely affecting the ratios. The facility has prioritized posts and in the event staff are needed to maintain the ratios, non-mandatory posts may be pulled. He also stated, Sergeants and Lieutenants are mandated to report if, needed, while off duty. The staffing pattern was confirmed by the Warden, in an interview.

Video monitoring and surveillance is a vital part of the staffing plan and is used to supplement and not replace staff supervision. The Agency Head/Warden values the use of cameras for monitoring inmates and for providing investigators with more tools to conduct their investigations. The Warden also related he is considering the use of body cameras to help protect staff and monitor inmates. Video cameras are liberally located throughout the facility and strategically placed. There were no cameras located in the restrictive housing area (administrative segregation) and PSU. Cameras were observed in the Intake Area, Visitation Area, the Library, Gym, Halls, Classrooms, Investigator’s Office and other areas. This facility has worked hard to identify blind spots and areas where clandestine sexual misconduct may occur. An example of this is the laundry room. Areas behind the huge commercial washers and dryers often provide space enough outside of camera views for inmates to engage in sexual misconduct, often undetected. This facility has encased that area with expanded metal ensuring inmates cannot get behind the equipment.

Throughout the on-site audit staff were observed actively engaging and supervising inmates. The Middlesex County Correctional Center PREA Policy requires facility intermediate or higher level supervisors to conduct unannounced rounds to identify and deter staff sexual misconduct and sexual harassment. Rounds must be conducted on all shifts and in all areas of the facility. Rounds are documented in the logbooks and on the Sergeant’s Area Tour Report. Policy prohibits staff from alerting other staff that the unannounced rounds are occurring. Higher level staff are required to conduct unannounced rounds. According to the PCM, Sergeants are required to make and document two PREA rounds per shift. The facility provided multiple samples of the Middlesex County Area Sergeants Tour Report. These documented areas checked and each form documented two checks per shift.

The staffing plan is reviewed by the Warden, the PREA Coordinator, the PREA Compliance Manager and other administrative personnel. Revisions are made as needed as a result of the reviews. The PREA Coordinator and PREA Compliance Manager confirmed annual review considering the items required by the PREA standards.

Standard 115.14 Youthful inmates

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

- Does Not Meet Standard (requires corrective action)

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.

This standard is rated “not applicable”. The facility does not house youthful inmates. This was confirmed through review of the Pre-Audit Questionnaire, interviews with the Warden, PREA Coordinator, PREA Compliance Manager and through observation.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

Middlesex County PREA Policy, Procedure G, Limits to Cross Gender Viewing and Searches; Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) Inmates, prohibits cross-gender strip and body cavity searches except in exigent circumstances when ordered by the Warden/Superintendent or when performed by medical practitioners. Likewise, cross-gender pat down searches are prohibited except in exigent circumstances. Policy also requires all such searches to be documented and to be justified.

One hundred percent (100%) of the 10 random staff who were interviewed stated they are prohibited from conducting cross gender strip searches, absent exigent circumstances and that although staff have been trained in cross gender searches, staff do not conduct “pat” searches absent exigent circumstances. Interviewed staff related they had never conducted a cross gender search of any kind and that there were always enough male and female staff on the shifts to conduct same sex searches. One hundred percent (100%) of the interviewed inmates representing all housing units and both genders confirmed they have never been either strip or “pat” searched by a cross gender staff.

Staff is also prohibited by policy from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the person’s genital status. In the event the status is unknown, policy requires that it be determined by discussing the matter with the inmate, reviewing medical records and, if necessary by a medical examination, however, any such medical exam should be conducted as a part of a regular medical examination or screening that is required or offered to all inmates. Transgender and intersex inmates should not be stigmatized by being singled out for specific genital examinations. All of the interviewed staff indicated they had been trained to conduct searches of transgender and intersex inmates in a professional and respectful manner. Staff are trained to search all persons with respect, courtesy and in a professional manner.

Procedure G., Limits to Cross Gender Viewing and Searches, requires that inmates are able to shower, change clothes and perform bodily functions without staff members of the opposite gender viewing them, except in exigent circumstances. The facility affords privacy for inmates who are showering, using the restroom and changing clothes. Inmates are required to go to the shower clothed and to return clothed. Shower curtains provide privacy for inmates while showering. Inmate interviews confirmed that shower curtains have always been up and in place to provide them with privacy while showering.

Transgender and intersex inmates are given the opportunity to shower at separate times from other residents. Staff of the opposite gender are required to announce their presence when entering a housing unit or an area where inmates are likely to be showering, performing bodily functions or changing clothing. Interviewed staff related that staff consistently announce their presence when entering the units housing residents of the opposite gender. Interviews with staff and inmates confirmed inmates are able to dress, shower and use the restroom without being viewed by staff of the opposite gender and that staff of the opposite gender announce their presence when entering the housing units. Determinations whether to assign a transgender or intersex inmate to a male or female unit and other program assignments will have to be individualized, taking into account the views of the inmate and be based on protecting the inmate's safety and mental health while maintaining safety and security in the facility. Middlesex County Procedures prohibit LGBTI inmates from being housed in dedicated pods or wings solely on the basis of identification or status.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

Middlesex County Adult Correction PREA Policy, E., Education, requires in paragraphs six and seven that education shall be in formats accessible to all inmates, including, but not limited to, those who are limited English proficient, hearing impaired, visually impaired, developmentally disabled, or who have limited reading skills. Receipt of this education shall be documented for each inmate. Policy also requires that the facility will not rely on inmate interpreters, readers, or other types of inmate assistants, except in exigent circumstances where a delay would compromise an inmate's safety. The facility has numerous staff who are bilingual and are used to translate. In the absence of staff who may serve as translators/interpreters, the county has a contract with a telephonic interpretive service. The interpretive services are provided through the contract with Language Line. This provides professional interpretive services with interpreters who have been deemed certified to provide those services.

The auditor interviewed one limited English proficient inmate. Through the use of a staff interpreter the auditor was able to conduct a complete interview with a Hispanic inmate. The Pre-Audit Questionnaire reported there were no occasions during the past twelve months in which an inmate interpreter was used for interpretive services in assisting an inmate in making a report of sexual abuse or sexual harassment. This was also confirmed through interviews with the PREA Compliance Manager, specialized and random staff.

Interviewed staff, for the most part, indicated they would allow an inmate interpreter only in emergencies. Staff were aware of the issues arising from using an inmate interpreter. A few staff were aware of the availability of interpretive services through Language Line however they indicated their supervisors would be making those decisions and they would know how to access interpretive services.

Standard 115.17 Hiring and promotion decisions

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Middlesex County PREA Policy, Procedure F., Hiring and Contracting and Middlesex Corrections Department, Number 1.01.02-4, Hiring/Re-Hiring of Security Staff, prohibits hiring anyone or allow any contractor that has 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; 2) Been convicted of engaging or attempting to engage in sexual activity in the community by force, or if the victim did not consent or was unable to consent or refuse; or 3) Been civilly or administratively adjudicated to have engaged in the activity described above. Applicants and contractors who may have contact with inmates directly are asked these questions on written applications. Omissions regarding disclosure of any such misconduct or falsification of information pertaining to sexual abuse or sexual harassment is considered grounds for termination. Policy requires staff to disclose any such misconduct at the time of hire or occurring anytime during while employed.

Policy also requires the facility to consider any incidents of sexual harassment in determining whether to hire or to enlist the services of any contractor who may have contact with inmates.

Prior to hiring new employees who may have contact with inmates, the Correctional Center routinely conducts a criminal background check. In addition, background checks are completed every five years. Too, consistent with Federal, State and Local Law, the facility makes its best efforts to contact all prior institutional employers for information on the substantiated allegations of sexual abuse or any resignations during a pending allegation of sexual abuse. Contractors who will have contact with inmates also will require a background check.

The facility also will, unless prohibited by law, 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.

The applicant selection process is defined as follows: a) Recruitment; b) Applicant Processing Stage; c) Background Investigation; d) Applicant Urine Testing; f) Psychological Testing; g) Post Orientation; h) Home interview; i) Warden’s Interview; and i) Medical Screening.

The hiring process at this facility is comprehensive and extensive and includes not only background checks but also requires a psychological assessment by a Clinical Psychologist.

Interviews with the staff responsible for the hiring process confirmed the process is detailed, “in-depth”, and illustrates the facility’s commitment to screen out applicants not suitable for this work and to ensure prospective employees do not have a criminal history.

The facility provided multiple samples to confirm background clearances for employees and contractors. These were documented on the Form Entitled “Middlesex County Department of Corrections Security Clearance Request Form. This form documents the NCIC/ATS, ACS check completion date; whether the employee/contractor was cleared and finally documentation of review by the Captain and approval for access to the facility and authorization to enter the facility, signed by the Captain. Vendor and Outside Contractor Background Checks are documented on the form Entitled: “Vendor/Outside Contractor Questionnaire.” This form documents the NCIC Check, Security Check, Fingerprints, if requested, and authorization to enter the facility.

Standard 115.18 Upgrades to facilities and technologies

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

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This standard is rated “not applicable”. Interviews with the Agency Head, PREA Coordinator and PREA Compliance Manager confirmed there have been no modifications to the existing facility during the past twelve months, nor have there been any upgrades to monitoring technology. Staff would definitely be involved in determining the placement of cameras as well as having input into any upgrades in the technology.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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PREA Policy, Procedure K, Criminal and Administrative Investigations, requires that upon receiving a report that an inmate has been a victim of abuse, neglect, sexual abuse or sexual harassment, the Warden/designee immediately acts to protect the welfare of the inmate and others who might be at risk. The facility ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment and these investigations are done promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency also requires that any reports of sexual activity are to be considered PREA issues until a full investigation indicates otherwise. An internal investigation is required immediately upon the receiving the report. The Warden/designee notifies the Middlesex County Prosecutor’s Office when a preliminary investigation indicates there is evidence to support the allegation. Procedures limit the disclosure of identity or facts about the incidents to those individuals on a need to know basis, consistent with state and federal laws, regulations, statutes and professional licensure and ethical standards. Only individuals who have received specialized training for conducting sexual abuse investigation in confinement settings will be used to conduct investigations. Investigations will be conducted using protocols that comply with the PREA Standards. Investigators will gather evidence and preserve any evidence including any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator if applicable.

The facility’s Gang Intelligence Unit is responsible for investigating all inmate on inmate incidents. These incidents may include fights, assaults, contraband, suicides, PREA complaints, classification concerns and other crimes committed by inmates housed in the facility. An interview with the Lieutenant who is a supervisor in the Gang Intelligence Unit, and who serves as a facility investigator, confirmed a comprehensive process for investigating all allegations and reports of sexual

assault or sexual harassment or for retaliation for reporting. The investigation process will be discussed in another standard, Policies to Ensure Criminal and Administrative Investigations. The Lieutenant has completed the NIC online training provided by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in Confinement Settings." The investigator has completed yet another specialized training for investigating allegations of sexual abuse in confinement settings. Additionally, he has completed the following: 1) Interview and Interrogation techniques; 2) Communication Analysis; and 3) Wicklander Zuluski interview and interrogation techniques. He follows a uniform protocol for collecting evidence in all cases of sexual abuse. If the allegation involves staff, the investigator may contact the facility's Internal Affairs Investigators for informational purposes or to refer the case to them, in which case, the investigator would support that investigation and provide assistance as needed and requested. He related that the facility's Internal Affairs Investigators would handle all cases involving staff, whether the referral is for administrative investigation or criminal. Two experienced Internal Affairs Investigators described, in an interview, their roles in conducting investigations in the facility. They have completed multiple courses in investigative techniques in confinement settings and also have completed the PREA Training required of all staff as well as the NIC, online training for investigators, "PREA: Investigating Sexual Abuse in Confinement Settings." Internal Affairs follows a uniform evidence collections process however they also related they are going to notify the County Prosecutor's Investigators, (Sex Crimes and Child Abuse Unit) to conduct investigations where the allegations appear criminal. They indicated they would provide whatever support and assistance the prosecutor's office requested but otherwise would leave that investigation to them.

PREA Procedure B., Medical and Mental Health Care Practitioners, requires the Warden or designee, to whom the report of sexual misconduct involving a sexual assault is made, to ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours, the inmate is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered the option of being supported by a victim advocate from the Center for Empowerment (Rape Crisis Center) during the examination. The facility related that the Correctional Center and the Rape Crisis Center are governed by the Department of Public Health and Safety and shared services are mandated. The Rape Crisis Center is the Center for Empowerment.

An interview with the Director of the Center for Empowerment confirmed the support services her organization would offer. The Director of the Center for Empowerment confirmed, in an interview, her organization provides a hotline that operates 24/7 for reporting sexual abuse and for providing an advocate who would either come to the facility or to the hospital to provide support for an inmate, upon request. They also indicated that the SAFE's would receive an automatic call out from the Prosecutor's Office if an inmate was sexually abused. SAFE's or SANEs are available at the Robert Wood Johnson Hospital. When asked about the training her staff receive, she indicated the State requires 40 hours of training for advocates however, she related, her staff are required to have 50 hours of training.

An interview with medical staff at the facility confirmed that inmate victims of sexual assault or alleged sexual assault would be transported to the Robert Wood Johnson Hospital. If the alleged sexual abuse incident occurred beyond 72 hours appropriate medical staff will seek the advice of a hospital regarding a forensic exam. If the inmate refuses medical treatment, documentation should note that medical treatment was offered, however was refused by the patient. Prior to transport medical staff would provide whatever first aid was needed and to ensure that care is taken to ensure evidence is not contaminated.

If an inmate was not offered testing for sexually transmitted diseases at the hospital, the facility medical staff will offer it as soon as possible upon the inmates return to the facility and will offer antibiotics and/or antiviral treatment as deemed medically appropriate by the facility medical provider. If a female inmate has not been offered emergency contraception at the hospital, the facility medical staff will notify the inmate that they may return to the hospital for that purpose. Upon return from the hospital the inmate will be offered a mental health screening. If the screening indicates the inmate victim is at risk to hurt him/her self or others, a mental health professional will be immediately notified. Otherwise the victim will be seen by a mental health professional within 24 hours or not later than the next business day to assess the need for crisis intervention and long term counseling. There is no charge to any victim for treatment services described regardless of whether the inmate names the abuser or cooperates with any investigation arising out of the incident. The facility is required to offer medical and mental health care consistent with the community level of care for as long as such care is needed. Abusers are also offered access to care however while the facility must attempt to conduct a mental health

evaluation and offer treatment, when appropriate, the abuser may refuse. This care is offered to any victim of sexual abuse regardless of the facility where the abuse occurred, even if not at this facility.

The facility's Pre-Audit Questionnaire documented that there were no forensic exams conducted during the past twelve (12) months. This was confirmed through interviews with the Agency PREA Coordinator, Facility PREA Compliance Manager, medical staff at the facility and interviews with other random and specialized staff as well as reviewed investigation reports.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

PREA Policy, Procedure K, Criminal and Administrative Investigations, requires that upon receiving a report an inmate has been a victim of abuse, neglect, sexual abuse/harassment, the Warden/designee immediately acts to protect the welfare of the inmate and others who might be at risk. The facility ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment and these investigations are done promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency also requires that any report of sexual activity is to be considered PREA until a full investigation indicates otherwise. An internal investigation is required immediately upon the receiving the report. The Warden/designee notifies the Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation. Procedures limit the disclosure of identity or facts about the incidents to those individuals on a need to know basis, consistent with state and federal laws, regulations, statutes and professional licensure and ethical standards. Only individuals who have received specialized training for conducting sexual abuse investigation in confinement settings will be used to conduct investigations.

Investigations will be conducted using protocols that comply with the PREA Standards. Investigators will gather evidence and preserve any evidence including any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator if applicable. The facility's Gang Intelligence Unit is responsible for investigating all inmate on inmate incidents. These incidents may include fights, assaults, contraband, suicides, PREA complaints, classification concerns and other crimes committed by inmates housed in the facility. An interview with the Lieutenant who is a supervisor in the Gang Intelligence Unit, and who serves as a facility investigator, confirmed a comprehensive process for investigating all allegations and reports of sexual assault or sexual harassment or for retaliation for reporting. The Lieutenant has completed the NIC online training provided by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in Confinement Settings." The investigator has completed yet another specialized training for investigating allegations of sexual abuse in confinement settings. Additionally, he has completed the following: 1) Interview and Interrogation techniques; 2) Communication Analysis; and 3) Wicklander Zuluski interview and interrogation techniques. He follows a uniform protocol for collecting evidence in all cases of sexual abuse. If the allegation involves staff, the investigator may contact the facility's Internal Affairs Investigators for informational purposes or to refer the case to them, in which case, the investigator would support that investigation and provide assistance as needed and requested. He related that the facility's Internal Affairs Investigators would handle all cases involving staff, whether the referral is for administrative investigation or criminal. Two experienced Internal Affairs Investigators described, in an interview, their roles in conducting investigations in the facility. They have completed multiple courses in investigative techniques in confinement settings and also have completed the PREA Training required of all staff as well as the NIC, online training for investigators, "PREA: Investigating Sexual Abuse in Confinement Settings." Internal PREA Audit Report

Affairs follows a uniform evidence collections process however they also related they are going to notify the County Prosecutor's Investigators, (Sex Crimes and Child Abuse Unit) to conduct investigations where the allegations appear criminal. They indicated they would provide whatever support and assistance the prosecutor's office requested but otherwise would leave that investigation to them.

Standard 115.31 Employee training

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

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.

Middlesex County PREA Procedure C. Training, requires the Department PREA Coordinator to ensure that all staff who have contact with an inmate receive initial training including the following:

- Zero Tolerance Policy
- How to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting and responsive policies and procedures;
- The rights of residents to be free from sexual abuse, assault, and harassment;
- Right of residents, staff, contractors, volunteers and others to be free from retaliation for reporting sexual abuse and harassment;
- Dynamics of sexual abuse and sexual harassment in confinement;
- Common reactions of sexual abuse and sexual harassment in confinement;
- How to detect and respond to signs of threatened and actual sexual abuse, how to distinguish between consensual and sexual abuse between inmates;
- How to avoid inappropriate relationships with inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

This procedure also requires training shall include subject areas specific to each gender, effective and professional communication with persons of each gender and all sexual orientations.

In addition to the Power Point Training staff are also required to watch 4 hours of training videos.

Multiple staff PREA Acknowledgment Statements affirming understanding the Agency's Zero Tolerance Policy, staff obligations to maintain clear boundaries with inmates and to uphold proper supervisory relationships with objectivity and professionalism were provided to the auditor and reviewed. The statements also affirm that staff understand that any sexual contact between a resident/inmate and an employee, volunteer, contractor or intern is sexual abuse. By signing the PREA Acknowledgment Statement staff acknowledge that they have received PREA Training and understand the Department's position on zero tolerance of sexual abuse and sexual harassment, including staff responsibility to report any findings of sexual abuse or sexual harassment immediately.

The auditor asked for and was provided samples of additional PREA Acknowledgment Statements to confirm staff PREA Training. Staff, in their interviews, affirmed they had all received PREA training, ranging from new employee training thru annual in service training and refresher training. Staff, in their interviews, acknowledged to the auditor they had received PREA training in each of the 10 topics identified in the standards. Interviews with random staff and specialized staff indicated they are knowledgeable of PREA. Staff and that in addition to their initial PREA training they receive PREA Training annually.

They were knowledgeable of the zero tolerance policy, inmate's right to be free from sexual abuse, sexual harassment and retaliation for reporting, the agency's expectations that they are required to report everything, including suspicions, verbally to their shift supervisor followed by a written statement of report as soon as possible and not later than the end of the shift, that allegations of sexual assault of incidents of sexual assault are to be kept confidential and privately reported, and their responsibilities as first responders.

Standard 115.32 Volunteer and contractor training

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

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.

Middlesex Procedure C., Training,3., States the level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they have with inmates, but all who have contact with inmates will be notified of the zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Additionally the Agency PREA Coordinator ensured all volunteers receive refresher training every two years. The PREA Coordinator in collaboration with the facility Compliance Manager provides refresher information on current sexual abuse and sexual harassment policies as needed during the years when refresher training is not conducted. All training is documented. The Middlesex County Office of Adult Corrections and Youth Services Contract Staff and Volunteer PREA Training acknowledgment statement provides a policy statement advising contractors and volunteers of the agency's zero tolerance policy concerning sexual abuse/assault and sexual harassment within its adult and juvenile facilities through compliance with the Prison Rape Elimination Act (PREA) of 2003. It instructs contractors and volunteers that they must be aware that unprofessional relationships will not be tolerated and violations of this policy may result in disciplinary sanctions and/or criminal prosecution. The training includes the definitions of sexual abuse, sexual assault, sexual contact and sexual harassment. It tells contractors and volunteers there is no such thing as consensual sex between staff, contractor or volunteer and inmate or resident. It is a criminal offense for any employee, contractor or volunteer to engage in any form of sexual activity with any person in custody. Reporting requirements are discussed and include a requirement that all contractors and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, the PREA Coordinator, or the facility director (Warden/Superintendent). They are also advised they may privately or anonymously report through the PREA Reporting Hotline. Lastly, they are reminded failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual status. Contractors and Volunteers sign the form acknowledging they understand the information provided and agree to comply with the provisions of the policy. The facility provided twenty PREA acknowledgments for contractors and volunteers documenting they received the required PREA Training and confirmed by signature that they acknowledge that they understand the training provided and agree to comply with the provisions contained in the PREA acknowledgment form.

Standard 115.33 Inmate education

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

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.

Middlesex County Correctional Center PREA Policy requires that during the intake process, and not later than 72 hours, each inmate will receive definitions of sexual abuse and sexual harassment and acknowledge the prohibition of sexual misconduct. No later than 72 hours, each inmate, according to the PREA Policy, Procedure E., Education, will receive a pamphlet informing them of the facility zero tolerance policy toward sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, how to report both verbally and in writing, accessing the reporting hotline, as well as utilizing third party reporting. They will also, in the inmate brochure, receive the contact information for accessing the Center for Empowerment Rape Crisis Line. Although Policy requires that within 10 days of admission the facility will provide comprehensive education on sexual abuse and sexual harassment by video or in person, the facility has opted to provide the video also during the intake and admissions process.

The facility also provides on-going education through PREA related information that is continually and readily available visible to inmates through posters, handbooks or other written materials. Inmates receive such education upon transfer to a different facility to the extent that the policies and procedures differ at the new facility.

PREA Education is provided in formats accessible to all inmates, including, but not limited to those who are limited English proficient, hearing impaired, visually impaired, developmentally disabled or who have limited reading skills. Receipt of this education is signed and documented for each inmate.

An interview with the intake staff indicated they give the inmate, upon admission the PREA Pamphlet and the inmate signs an acknowledgment of having received it. The PREA Coordinator related that she, along with social services, provides PREA Education to staff Monday and Wednesday for male inmates and Tuesday and Thursday for female inmates. In the education component of PREA training, the PREA Coordinator stated she explains PREA to the inmates, covers the material and information in the PREA Pamphlet, tells them all the ways to report, tells them about the phones for reporting sexual abuse and sexual harassment, and gives them information about the Center for Empowerment Rape Crisis Center. Interviews with inmates indicated they received the PREA Pamphlet, the orientation class and recently have been watching the PREA Video as well as having attended PREA Classes. All interviewed inmates were aware of the zero- tolerance policy. Inmates related they would report sexual abuse to staff, but more likely to a sergeant or lieutenant or through a family member. Inmates also related that information about the zero tolerance policy and how to report is on multiple posters located throughout the facility accessible to inmates and staff, as well as volunteers and contractors.

Standard 115.34 Specialized training: Investigations

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

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.

This standard is rated exceeds. The Specialized Training these investigators exceeds the requirements. Middlesex PREA Procedures, C. Training, 6., requires the PREA Coordinator to ensure that facility investigative officers, in addition to training

provided to all staff on PREA, receive training in conducting investigations of sexual misconduct in facility settings. This training includes the following: 1) Techniques for interviewing victims of sexual misconduct; 2) Techniques specific to low functioning inmates or those with mental health issues; 3) Proper use of Miranda and Garrity warnings; (A) Sexual misconduct evidence collection in facility settings and 5) Evidence required to substantiate a case for administrative action or prosecution referral. Training is documented in the officer's training file.

The facility investigator is a supervisor of the Gang Intelligence Unit. This Lieutenant is very knowledgeable of the investigation process. He has completed the NIC online training provided by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in Confinement Settings." The investigator has completed yet another specialized training for investigating allegations of sexual abuse in confinement settings. Additionally, he has completed the following: 1) Interview and Interrogation techniques; 2) Communication Analysis; and 3) Wicklander Zuluwski interview and interrogation techniques. The facility's Internal Affairs Investigators handles all cases involving staff, whether the referral is for administrative investigation or criminal. Two experienced Internal Affairs Investigators described, in an interview, their roles in conducting investigations in the facility. They have completed multiple courses in investigative techniques in confinement settings and also have completed the PREA Training required of all staff as well as the NIC, online training for investigators, "PREA: Investigating Sexual Abuse in Confinement Settings." Internal Affairs follows a uniform evidence collections process however they also related they are going to notify the County Prosecutor's Investigators, (Sex Crimes and Child Abuse Unit) to conduct investigations where the allegations appear criminal. They indicated they would provide whatever support and assistance the prosecutor's office requested but otherwise would leave that investigation to them. This standard is rated exceeds because all of the investigators have completed the National Institute of Corrections online training, "PREA: Investigating Sexual Abuse in Confinement Settings." Additionally, they have completed additional specialized investigations courses as well as multiple courses in subjects such as interrogation and interviewing. The specialized training is in addition to the same PREA Training required of and provided to all employees.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

This standard is rated exceeds. The specialized training medical and mental health staff receive exceeds the requirements of the standard. Health care services are provided by a private contractor. Reviewed documentation confirmed medical and mental health staff receive specialized training, in compliance with the PREA standards, through their company training as well as through the National Institute of Corrections on-line training. The specialized training provided by the company was entitled, "A Blueprint for Healing: The PREA Standards and Trauma Informed Care, Abuse and Sexual Assault Policy, PREA Part I and II, and PREA Resources for Health Care Providers". Multiple training rosters for medical and mental health staff were provided to document the additional specialized training medical and mental health staff have received. Interviews with the social worker staff, the licensed mental health professional and medical staff confirmed they have received specialized training through multiple sources. These staff articulated their roles in responding to incidents of sexual abuse and each of them articulated the requirements of the PREA standards.

This standard is rated exceeds because the medical and mental health staff at this facility have completed not only the specialized training for medical but also the specialized training for mental health. Twenty-two medical and mental health staff provided documentation confirming completion of the NIC Training entitled, "PREA: Behavioral Health Care for Sexual Assault".

PREA Audit Report

Victims in a Confinement Setting” and “PREA, Medical Health Care for Sexual Assault Victims in a Confinement Setting’. One staff completed three NIC online training courses. These included “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”, “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” and “PREA: Your Role Responding to Sexual Abuse”.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

The Agency PREA Policy requires all new inmates are screened during the intake process to assess the risk of sexual victimization or abusiveness using the relevant PREA screening instrument. Screening takes place upon intake into the facility, if possible, but no later than 24 hours of admission. All inmates that report prior sexual victimization or abusiveness are offered a follow-up with a medical or mental health practitioner within 14 days. Policy also requires the classification committee to assess the inmate as well and make housing decisions. Inmate reassessments are required to be conducted when warranted due to a referral, request, any incident of sexual misconduct, regardless of whether it results in discipline, or receipt of new or additional information that relates to the risk of sexual victimization or abusiveness. Inmates are not to be disciplined for refusing to answer or for not disclosing complete information in response to the risk of an inmate’s sexual victimization or abusiveness. Information from the risk screening is kept confidential and access is limited to a need to know basis to keep inmates safe. Policy prohibits an inmate’s identity as LGBTI as an indicator of likelihood of being sexually abusiveness.

The facility has a unique and affective screening process. During the admission process and not later than 72 hours following admission, medical staff conduct the victimization screening with the inmate using the form entitled: “Intake Screening for Risk of Victimization and Abusiveness”. This form is a quantitative and objective instrument. Interviews with a nurse confirmed medical’s role in conducting the victimization screening. She was knowledgeable of the process and articulate about the steps she would take in conducting that screening. Following medical’s role in conducting the assessment, the victimization screening form is placed in the classification box located in medical. Classification staff receive the medical victimization screening and conduct an assessment for predicting sexual abusiveness (weighted scale for prediction of sexual behavior). This process occurs one to two days following the inmate’s admission into the facility. This assessment requires reviewing any available information to determine the following: Current/prior convictions of a sexual or assaultive nature against an adult; previous conviction of prison rape; Gang/STF affiliation and/or reputation for aggressive behavior and disciplinary infractions in prior incarcerations for acts of a sexual predatory behavior or sexual contact. Points are awarded for each of those criteria and a total score is obtained. A score of eight (8) or “auto” (score given for previous conviction for prison rape) results in the inmate being assessed as High Risk for Sexual Predatory behavior and requires an automatic House Alone Status and Mental Health Referral. The classification staff related the information is then reviewed by the PREA Compliance Manager and the Psychologist. He related, as well, that the only housing changes must come from classification.

Information gleaned from the victimization screening is limited to those professionals who make housing and programming decisions, information is not disseminated throughout the entire staff.

Interviews with the facility’s nurse confirmed medical’s role in conducting the victimization screening. She was

knowledgeable of the process and articulate about the steps she would take in conducting that screening. Interviews with the classification staff also confirmed a thorough process for attempting to determine potential for predation as well as to identify potential victims.

The screening process, as well as the facility's consideration of alternative housing and identifying those alternatives, until housing decisions can be made based on completed screenings and any additional available information indicates the facility is conscientious about keeping inmates safe.

Interviews were mixed with regard to determining if some of the screening questions were asked during the admission process. Some of the inmates indicated the questions may have been asked and they did not remember them; others indicated they were asked the screening questions. One of the interviewed inmates indicated he had reported prior sexual victimization that had taken place many years ago. He said he was offered mental health services but did not need it now. None of the inmates identified themselves as gay, bisexual or transgender. One of the inmates who was interviewed had reported sexual harassment at this facility and one had reported sexual assault in this facility. Additional interviews were conducted with these inmates. Both inmates reported that staff referred them to mental health. One inmate said he did not need the services now but the other one related he was seen by mental health. All but one of the interviewed inmates reported feeling safe in this facility.

Standard 115.42 Use of screening information

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

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.

The facility's screening process is comprehensive and detailed, providing a wide variety of valuable information about the inmate and includes screenings conducted by medical staff at intake and followed by screening conducted by classification. These screenings are scanned into the TechCare System making it accessible to the mental health professional.

The vulnerability screening is used to inform housing, bedding, program and works assignments. Policy requires that anyone who scores a four (4) or five (5) on the Victimization screening requires an automatic MH Assessment. If he/she scores six (6) or above; a referral to mental health is generated and the inmate is placed on "house alone" status meaning he/she must be in a single occupancy cell or could be housed in medical, in a single cell in reception and potentially protective custody. Scores of 4, 5, or 6 result in an automatic referral to mental health. The referral then is dispatched electronically to the mental health professional who sees the inmate expeditiously and generally the same or next day. Information derived from the screening process is reviewed by the PREA Compliance Manager and Psychologist to determine housing for the inmate. Depending on the intake process screening results, the inmate may be kept in medical or to the assessment dorm where there are single cells until a determination is made regarding assigning the inmate housing. The facility has identified areas of safe housing for potential victims.

The facility provided multiple examples of completed Intake Screening for Risk of Victimization and Abusiveness documenting inmates who reported prior victimization, scored 4,5 or 6 on the victimization scale requiring referral to mental health for follow-up. Seven (7) of 30 reviewed screening documents indicated inmates had scored either 4,5, or 6 on the Weighted Score for Predication of Sexual Victimization or an 8 or automatic (endorsing the factor: Previous Conviction for rape) on the Weighted Scale for Prediction of Sexual Predator. Seven of the seven who scored 4,5 or 6 on the PREA Audit Report

Victimization Scale were referred to mental health and documentation was provided indicating the inmate was seen by mental health the same day. The inmate scoring "auto" on the sexual predator scale was referred to mental health and documentation provided to confirm the inmate was seen by mental health the same day.

An interview with classification staff indicated that no one other than classification may make a change in housing assignment.

Standard 115.43 Protective custody

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

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.

Middlesex County PREA Policy, Procedure G., Protective Custody or Special Management Housing, requires inmates at high risk of sexual victimization or who are alleged to have suffered sexual abuse are not to be placed involuntarily in protective custody unless an assessment of available alternatives has been made and a determination has been made that no other means of separating the inmate from likely perpetrators or the alleged abuser exist. If such a determination cannot be made immediately, the inmate may be housed in a special management housing unit or protective custody housing unit for no more than 24 hours pending the determination. If a determination has not been made that there is no available alternative means of separation from likely perpetrators, the initial placement in special housing shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed 30 days, and this placement must be reviewed at least every 30 days to verify whether it is necessary to retain the inmate in a special management housing unit or protective custody housing unit. Policy also requires any placement or detention of an inmate in a special arrangement housing unit or protective custody housing unit shall be documented as required by agency policy. Inmates who are placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, and work opportunities similar to residents in general population. If the facility must restrict access with reasonable precautions designed to protect the inmate's safety and security, it must document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

The facility has identified safe housing that may be utilized in lieu of segregated housing. These include the special needs unit, housing alone in medical and housing alone in the reception unit.

Interviews with administrative staff, including the Warden confirmed that inmates who have been sexually assaulted will not be placed in involuntary segregated housing unless there are no other means of keeping the inmate victim safe. They also reported however that they have not placed any victim in involuntary segregated housing during the past twelve (12) months. The Warden related that he had the facility involved in a project with VERA to develop strategies and programs to develop alternatives to the use of segregated housing for disciplinary and other reasons. He indicated the use of segregated housing has decreased since implementing strategies to provide the facility with more tools and sanctions prior to having to use segregated housing. This is the same philosophy that would consider alternatives to involuntary segregated housing for victims of sexual assault.

Standard 115.51 Inmate reporting

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

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.

Middlesex County PREA Policy, Procedure H., Reporting Sexual Misconduct or Sexual Harassment, Paragraph B., Inmate reporting, provides for inmates to report to any staff person within the Department that he/she has been a victim of sexual misconduct or sexual harassment by a staff, volunteer, contractor or another inmate. Inmates may report both verbally and in writing. According to policy, the Department has established multiple ways for inmates to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse, sexual harassment, or retaliation for reporting sexual abuse, sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents.

The Department has also developed a reporting hotline for inmates providing inmates with a way to report abuse or harassment to an outside entity which is able to receive and immediately forward inmate reports to MCACC Officials. The receiving entity must allow the victim to remain anonymous upon request. The hotline number is prominently posted in the living units and allows for universal and unimpeded access by all inmates and is listed in all institutional inmate orientation manuals and handouts. It is not recorded and is available to all inmates free of charge. It is also Listed in the PREA Brochure given to inmates. Additional ways to report include, directly to any staff, the facility’s PREA Compliance Manager or the Department’s PREA Coordinator. Anonymous reports are accepted but all reports are forwarded to the facility for investigation. Inmates also have access to the Middlesex County Center for Empowerment (Rape Crisis Center) through the hotline provided. Inmates are provided contact information in the brochure and posted in the living units. Inmates may also file emergency grievances. There is no time limit on when an inmate may submit a grievance or report an allegation of sexual abuse. Otherwise, applicable time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse. An inmate is not required to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The MCACC will ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the grievance. Third parties are permitted, by policy, to report also for inmates. These include family members, attorneys, fellow inmates, staff members, and other outside advocates. Information regarding reporting is also posted on the agency’s website. The website advises readers about the agency’s confidential hotline for anonymous reports if needed to report an incident of sexual abuse or sexual harassment at both the Adult Correctional Center and the Juvenile Detention Center. The site explains that the agency takes all reports seriously and assures readers the reports will be investigated. The number for making those reports is posted on the website.

Interviews with inmates confirmed they have multiple ways to report. Most of the interviewed inmates indicated if they had to report an allegation of sexual abuse or sexual harassment they would report it to the Sergeants or Lieutenants, rather than line staff. They indicated they trusted the Sergeants and Lieutenants to take immediate action. Most stated they could also tell a relative. When asked about the hotline, they indicated they could report via the hotline as well. They indicated relatives can visit and they can call them. Too they see them at visitation when family is able to visit. A few indicated they could drop a note to someone. When asked about the hotline they indicated they could access the phones at any time and could call the hotline. One inmate stated he had used the hotline to report and as a result of that report received immediate attention from the Administrative Lieutenant who investigated the incident and took appropriate action according to the inmate. Inmates indicated that the most sensible manner to report if it happened to them would be to simply tell a staff they trusted and more likely than not, that would be a sergeant or lieutenant. They related as well that posters were located on every bulletin board and information was in the brochure as well.

One inmate who had reported sexual harassment related to the auditor that he had been continuously sexually harassed by another inmate. The inmate said he called the PREA Hotline and the Administrative Lieutenant, who is also the PREA

Compliance Manager responded to him expeditiously. He related he quickly investigated and moved the harassing inmate to segregation. He related he was appreciative of the timely response and the manner with which the Lieutenant addressed his issue.

Standard 115.52 Exhaustion of administrative remedies

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

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.

MCACC PREA Policy provides that inmates may also file emergency grievances. There is no time limit on when an inmate may submit a grievance or report an allegation of sexual abuse. Otherwise, applicable time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse. An inmate is not required to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The MCACC will ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the grievance. Third parties are permitted, by policy, to report also for inmates. These include family members, attorneys, fellow inmates, staff members, and other outside advocates.

Inmates may report through an emergency grievance. If the Department receives an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the recipient of such report will immediately forward it to a level of review at which immediate corrective action may be taken and provide an initial written response within 48 hours and a final agency decision within five calendar days. The initial response and final determination will document whether the inmate is in substantial risk of imminent sexual abuse and the action take in response to the emergency grievance.

Interviewed inmates related they could report via the grievance process but said that is not the way they would choose to use. None of the interviewed inmates indicated they had ever filed a report of sexual abuse or sexual harassment nor had they used the grievance process however they believed staff would take an emergency grievance seriously and would respond quickly.

Standard 115.53 Inmate access to outside confidential support services

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

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.

County Center for Empowerment (Rape Crisis Center). Access is provided by providing contact information for that agency. The contact number provided for the Center for Empowerment is posted and also included on the PREA Brochure provided every inmate upon admission. The PREA Brochure/Pamphlet provided to inmates, entitled: "What You Should Know About Sexual Abuse and Assault" provides, in bold type, the contact information for the Middlesex County Center for Empowerment Advocacy Hotline for the purpose of Rape Crisis Counseling. Too, the information is in the inmate handbook and on informational posters. The call is free of charge. Policy states that MCACC will provide reasonable communication between inmates and these advocates in as confidential manner as possible. Inmates will be informed of the extent to which such communications may be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The State of New Jersey, according to an interview with the PREA Coordinator, requires a rape crisis center in each county. The rape crisis center for Middlesex County is the Center for Empowerment. As a part of the county government the Center is involved in shared services and as such provides services to the Middlesex County Correctional Center and the Middlesex County Juvenile Detention Center.

An interview with the Director of Empowerment confirmed her organization provides a 24/7 Hotline available for residents and inmates to call. She related she has both employees who serve as advocates as well as volunteer advocates. She related her advocates are required by law to attend 40 hours of training to become an advocate but she requires over 50 hours for her advocates. If an inmate needed an advocate he could call confidentially to the center and an advocate would counsel and/or meet the resident at the hospital for the forensic exam. She also related she has participated in training for staff at the facility.

Additionally, inmates have access to family through visitation and via phone or mail. They also have access to their attorneys if they have an attorney. Interviewed inmates stated they can call their families, write them and see them during visitation. If they had an attorney, they would also be able to call them and have them visit.

When asked if inmates were aware of any outside services that deal with sexual abuse if they ever needed it, they generally indicated they were sure there were some however they were not aware that the Center for Empowerment was available to provide support services or to accept reports of sexual abuse. They also indicated they would find such an organization if they ever needed it. When the auditor showed them the PREA Pamphlet with the Center for Empowerment Contact information, they all indicated they had received the pamphlet but did not read the information and could not remember if staff mentioned it during orientation. Several interviewed inmates related they had seen the information posted in the living units but didn't pay much attention to it.

Standard 115.54 Third-party reporting

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

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.

Middlesex County Adult Correctional Center PREA Procedures C., Third Party Reporting, requires third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, to assist inmates in filing for administrative remedies relating to allegations of sexual abuse and sexual harassment and will also be able to file requests on behalf of inmates. If the inmate declines the assistance, the correction center will document the inmate's decision to decline. Procedure C., Third Party Reporting, requires the Department to accept and investigate verbal, written and anonymous third party reports

of sexual abuse and sexual harassment. Anonymous reports must be accepted and all reports will be forwarded to the facility for investigation. Lastly the Department's public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The reviewed agency's website advises readers about PREA and advises them about the Agency's Confidential Hotline for anonymous reports, if needed, to report an incident of sexual abuse or sexual harassment at the Adult Correction Center or the Juvenile Detention Center. The Hotline number is provided and readers are told the agency takes all reports seriously.

One-hundred percent (100%) of the interviewed staff, including those randomly selected and specialized staff knew third party reporting was one way for inmates to report allegations of sexual abuse and sexual harassment, or retaliation for reporting. They also stated, when asked, that they would accept all third party reports and would treat it the same as any other report or allegation and would report it to the shift supervisor immediately and follow-up with a written report as soon as possible after receiving the report and definitely prior to the end of the shift.

Standard 115.61 Staff and agency reporting duties

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

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.

Agency Policy (Procedure H., Reporting Sexual Misconduct or Sexual Harassment, A., Staff Reporting, requires all allegations and incidents of inmate-on-inmate or staff-on-inmate sexually abusive behavior is to be immediately reported by Department employees, contractors and volunteers to any immediate supervisor verbally and followed up with a confidential incident report to the shift commander before the end of his/her shift or work day. The shift commander is required to forward the report to the PREA Compliance Manager. Reporting is required for any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against inmates or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Any staff member, volunteer or contractor may report an allegation confidentially to the PREA Coordinator, PREA Compliance Manager or the Division of Investigation. Policy requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports prior to forwarding them to the shift commander. Staff, contractors or volunteers who fail to report any allegation may be disciplined or receive other action, including dismissal, termination or contract or being barred from the facility and may also be subject to criminal prosecution.

Reporting staff, or volunteers are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

The PREA Compliance Manager will immediately notify the Superintendent/Designee, IAU and the PREA Coordinator upon receipt of any report of sexual misconduct. IAU will promptly notify the Prosecutor's office once it is determined that sufficient probable cause exists to warrant such notification.

Additionally, Policy requires if a staff member or volunteer receives an allegation that an inmate was subjected to sexual misconduct or sexual harassment while confined at another facility, in addition to notifying the Warden and the Department's PREA Coordinator, the Warden must, within 72 hours, notify the Chief Administrator of the facility where the alleged sexual misconduct or sexual harassment occurred regardless of the amount of time that has lapsed from the incident to the reporting

of the sexual assault and document that such notification has been provided. The Warden will ensure that the inmate is offered any appropriate services that would have been available if the allegation had been that the alleged sexual misconduct or sexual harassment occurred at the JDC.

Interviews with both random and specialized staff confirmed the facility and the agency require and train staff they are required to report "everything" including suspicions and regardless of the source of the allegation or report. Staff, when asked about ways inmates could report, stated they can report to staff they are comfortable reporting to, to medical or mental health, by using the PREA Hotline and to the PREA Compliance Manager. When asked if they would take an anonymous report or a third-party report, they stated they would take any report. They understood who third parties were and stated they'd verbally report any anonymous or third party reports and then put it in writing just as soon as they could and at the latest by the end of the shift.

Standard 115.62 Agency protection duties

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

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.

If the Department receives an emergency report/grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse the recipient of such report shall immediately forward the information to a level of review at which immediate corrective action may be taken and provide an initial written response within 48 hours and a final agency decision within five calendar days. The initial response and final determination shall document whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency report/grievance. Middlesex County PREA Policy, Procedure G., Protective Custody or Special Management Housing, requires that inmates at high risk for sexual victimization, or who have suffered sexual abuse, are not to be placed in protective custody unless an assessment of available alternatives has been made and a determination made that no other means of separating the inmate from likely abusers exist. If a determination can't be made immediately, the inmate may be housed in a special management housing unit or a protective custody housing unit. Inmates may be placed in any special management housing or protective custody unit due to risk shall have access to programs, privileges, and work opportunities similar to inmates in general population. If the facility must restrict access with reasonable precautions designed to protect the inmate's safety and sexuality, it must document the opportunities restricted, the duration of the limitation and reasons why they were limited or restricted.

Staff indicated in their interviews they would take any allegation that an inmate was at substantial risk of imminent sexual abuse seriously and would immediately keep the inmate with them, separate the inmate from the alleged potential abuser and call the supervisor to make a decision about where best to place the inmate while the allegation is being investigated. During the past twelve months there have been no allegations of an inmate reporting he/she was at substantial risk of imminent sexual abuse. This was confirmed through interviews with staff. None of the interviewed inmates reported ever having been placed at risk of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

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

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.

Middlesex County PREA Procedure I. Reporting Sexual Misconduct and Sexual Harassment, 6. Staff Reporting, requires that upon a staff member or volunteer receiving an allegation that an inmate was subjected to sexual misconduct or sexual harassment while confined at another facility, in addition to notifying the Warden and the Department’s PREA Coordinator, the Warden/ Designee must within 72 hours notify the Chief Administrator of the facility where the alleged sexual misconduct or sexual harassment occurred, regardless of the amount of time that has lapsed from the incident to the reporting of the sexual assault, and document that such notification has been provided. The Warden will ensure that the inmate is offered any appropriate services that would have been available if the allegation had been that the alleged sexual misconduct or sexual harassment occurred at the Correctional Center.

Standard 115.64 Staff first responder duties

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

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.

Middlesex County PREA Procedure I. Reporting Sexual Misconduct and Sexual Harassment, 6. Staff Reporting, requires that upon a staff member or volunteer receiving an allegation that an inmate was subjected to sexual misconduct or sexual harassment while confined at another facility, in addition to notifying the Warden and the Department’s PREA Coordinator, the Warden/ Designee must within 72 hours notify the Chief Administrator of the facility where the alleged sexual misconduct or sexual harassment occurred, regardless of the amount of time that has lapsed from the incident to the reporting of the sexual assault, and document that such notification has been provided. The Warden will ensure that the inmate is offered any appropriate services that would have been available if the allegation had been that the alleged sexual misconduct or sexual harassment occurred at the Correctional Center.

Standard 115.65 Coordinated response

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

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.

The Facility Specific Coordinated Response Plan covers, with detail, the actions required and expected of staff first responders. These actions are described in Middlesex PREA Procedure, A., First Responder Guidelines. Also described in Paragraph B., of the Coordinated Response Plan, Medical and Mental Health Care Practitioners, requires emergency medical attention for the victim and this is to be the first priority of the response. Policy provides that regardless of whether the inmate receives medical treatment at the facility for a physical injury, the Warden or designee, to whom the report of sexual misconduct involving a sexual assault is made, shall ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours the inmate is immediately transported to a hospital for examination by medical personnel and is offered the option of being supported by a victim advocate from the Center for Empowerment during the examination. If the alleged sexual abuse occurred beyond 72 hours appropriate medical staff seek the advice of a hospital regarding a forensic exam. Medical will offer an inmate testing for sexually transmitted diseases at the facility if not offered at the hospital and also will offer antibiotic/and/or antiviral treatment, as deemed medically appropriately by the facility medical provider. If a female inmate has not been offered emergency contraception at the hospital medical staff will notify the inmate upon her arrival to return to the hospital for that purpose.

Mental health will screen the inmate upon return from the hospital. If there are indicators that the inmate victim is at risk of self-harm or harm to others, a mental health professional will immediately be notified. Otherwise the victim will be seen by a mental health professional within 24 hours or not later than the next business day to assess the need for crisis intervention and long-term counseling.

Staff readily articulated their responsibilities as first responders. Interviewed investigative staff related their roles in the investigatory process, including preserving any potential evidence. Medical staff related that their role would be to treat any injury, protect the evidence and arrange for the victim to be transported to Robert Wood Johnson Hospital for a forensic exam. Mental health staff, if on duty, will provide crisis intervention services and following an exam, provide an assessment of their potential for suicide and their current mental status and for arranging treatment in the facility and to refer the inmate for services beyond the scope of the facility.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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.

Although the agency is involved in collective bargaining, all staff are prohibited from violating any of the agency’s sexual abuse and harassment policies and may be removed from contact with inmates as a result of an allegation of sexual abuse or sexual harassment. An interview with the Agency Head confirmed there is nothing in any contract prohibiting him from taking action to remove any staff from having contact with inmates if needed, as the result of violating agency sexual abuse policies. A memo provided by the agency head stated “all employees of Corrections and Youth Services are Civil Service Employees. As such, the rules of discipline are established under this system and Union Contracts cannot override state

statue 4A. The Warden also indicated there is nothing in these contracts that prohibit us from disciplining an employee up to and including termination for any offenses listed under State Statute. This also applies to the failure by any staff person to follow established policies and procedures established by Middlesex County and the Department of Law and Public Safety and the Office of Corrections and Youth Services.”

Standard 115.67 Agency protection against retaliation

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

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.

The facility and agency has a zero tolerance for any form of retaliation. The PREA Compliance Manager serves as the retaliation monitor. Interviews with the PCM confirmed the processes for monitoring retaliation. Policy requires that a designated staff monitor inmates and staff who may become the victims of retaliation for up to and beyond 90 days if needed. Monitoring would include reviewing disciplinary reports, housing changes, changes to work details and other items. If the victim of retaliation was a staff, things like shift changes, job changes, performance reports etc. would be monitored. The retaliation monitor will document monitoring at 30 days, 60 days and 90 and beyond if there was a need for continued monitoring.

Standard 115.68 Post-allegation protective custody

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

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.

Middlesex County PREA Policy, Procedure G., Protective Custody or Special Management Housing, requires inmates at high risk of sexual victimization or who are alleged to have suffered sexual abuse are not to be placed involuntarily in protective custody unless an assessment of available alternatives has been made and a determination has been made that no other means of separating the inmate from likely perpetrators or the alleged abuser exist. If such a determination cannot be made immediately, the inmate may be housed in a special management housing unit or protective custody housing unit for no more than 24 hours pending the determination. If a determination has not been made that there is no available alternative means of separation from likely perpetrators, the initial placement in special housing shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed 30 days, and this placement must be reviewed at least every 30 days to verify whether it is necessary to retain the inmate in a special management housing unit or protective custody housing unit. Policy also requires any placement or detention of an inmate in a special arrangement

housing unit or protective custody housing unit shall be documented as required by agency policy. Inmates who are placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, and work opportunities similar to residents in general population. If the facility must restrict access with reasonable precautions designed to protect the inmate's safety and security, it must document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

The facility has identified safe housing that may be utilized in lieu of segregated housing. These include the special needs unit, housing alone in medical and housing alone in the reception unit.

Interviews with administrative staff, including the Warden confirmed that inmates who have been sexually assaulted will not be placed in involuntary segregated housing unless there are no other means of keeping the inmate victim safe. They also reported however that they have not placed any victim in involuntary segregated housing during the past twelve (12) months. The Warden related that he had the facility involved in a project with VERA to develop strategies and programs to develop alternatives to the use of segregated housing for disciplinary and other reasons. He indicated the use of segregated housing has decreased since implementing strategies to provide the facility with more tools and sanctions prior to having to use segregated housing. This is the same philosophy that would consider alternatives to involuntary segregated housing for victims of sexual assault.

Standard 115.71 Criminal and administrative agency investigations

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

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.

PREA Policy, Procedure K, Criminal and Administrative Investigations, requires that upon receiving a report an inmate has been a victim of abuse, neglect, sexual abuse/harassment, the Warden/designee immediately acts to protect the welfare of the inmate and others who might be at risk. The facility ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment and these investigations are done promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency also requires that any report of sexual activity is to be considered PREA until a full investigation indicates otherwise. An internal investigation is required immediately upon receiving the report. The Warden/designee notifies the Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation. Procedures limit the disclosure of identity or facts about the incidents to those individuals on a need to know basis, consistent with state and federal laws, regulations, statutes and professional licensure and ethical standards. Only individuals who have received specialized training for conducting sexual abuse investigation in confinement settings will be used to conduct investigations. Investigations will be conducted using protocols that comply with the PREA Standards. Investigators will gather evidence and preserve any evidence including any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator if applicable. The facility's Gang Intelligence Unit is responsible for investigating all inmate on inmate incidents. These incidents may include fights, assaults, contraband, suicides, PREA complaints, classification concerns and other crimes committed by inmates housed in the facility. An interview with the Lieutenant who is a supervisor in the Gang Intelligence Unit, and who

serves as a facility investigator, confirmed a comprehensive process for investigating all allegations and reports of sexual assault or sexual harassment or for retaliation for reporting. The Lieutenant has completed the NIC online training provided by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in Confinement Settings." The investigator has completed yet another specialized training for investigating allegations of sexual abuse in confinement settings. Additionally, he has completed the following: 1) Interview and Interrogation techniques; 2) Communication Analysis; and 3) Wicklander Zuluski interview and interrogation techniques. He follows a uniform protocol for collecting evidence in all cases of sexual abuse. If the allegation involves staff, the investigator may contact the facility's Internal Affairs Investigators for informational purposes or to refer the case to them, in which case, the investigator would support that investigation and provide assistance as needed and requested. He related that the facility's Internal Affairs Investigators would handle all cases involving staff, whether the referral is for administrative investigation or criminal. Two experienced Internal Affairs Investigators described, in an interview, their roles in conducting investigations in the facility. They have completed multiple courses in investigative techniques in confinement settings and also have completed the PREA Training required of all staff as well as the NIC, online training for investigators, "PREA: Investigating Sexual Abuse in Confinement Settings." Internal Affairs follows a uniform evidence collections process however they also related they are going to notify the County Prosecutor's Investigators, (Sex Crimes and Child Abuse Unit) to conduct investigations where the allegations appear criminal. They indicated they would provide whatever support and assistance the prosecutor's office requested but otherwise would leave that investigation to them.

An interview with the facility investigator, supervisor of the Gang Intelligence Unit, related his process for conducting investigations is as follows: 1) Receive the referral from the PREA Compliance Manager; 2) Runs intelligence; 3) Collects evidence, including interviewing the alleged victims and alleged perpetrators and witnesses, reviewing video tape, reviewing any relevant information gleaned from intelligence gathering, reviewing phone logs, etc. and 4) Making determinations based on the facts of the case only. He related he approaches the cases in an unbiased manner. He stated investigations continue even if the staff resigns while under investigation or the inmate leaves the facility. His format for documenting his investigations includes a standardized format that includes the following: 1) How the case is referred; 2) Face Sheet for both alleged victim and alleged abuser; 3) Interviews with alleged victims, abusers and witnesses (these are always videoed); and 4) A summary report. At the conclusion of the interview the investigator reviewed a sample of investigations conducted during the past twelve months. Interviews with two internal affairs investigators confirmed their investigation process as well. These articulated a very thorough process. Interviews indicated if staff are involved in PREA cases that appear to be criminal in nature, the cases are referred to the prosecutor's office and investigators from the prosecutor's office conduct the criminal investigations supported by Internal Affairs and/or the Facility Investigator.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Middlesex County PREA Policy, K. Criminal and Administrative Investigations, K., requires that the facility employs a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with the PREA Compliance Manager and the facility investigator indicated the standard of evidence required to substantiate an allegation of sexual abuse is a preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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.

Middlesex County PREA Policy, Procedure K., Reporting to Inmates, requires that following an investigation into an inmate’s allegation that he or she suffered sexual harassment or sexual misconduct in the facility, the Warden/designees, are required to inform the inmate in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In the event the investigation was conducted by the Prosecutor’s Office, the facility Internal Investigator will request the relevant information from that office in order to inform the inmate. Policy also requires that following an inmate’s allegation that a staff member committed sexual abuse against him/her, the facility will subsequently inform the inmate when: 1) The investigation has determined that the allegation is unfounded; 2) The investigation has determined that the allegation is unsubstantiated; 3) The staff member is no longer posted in the inmates unit; 4) The staff member is no longer employed at the facility; and 5) The Department learns that the staff member has been indicted on a charge related to sexual abuse at the facility. The Department’s duty to report terminates with regard to notifications regarding staff reassignments, departures, indictments, or convictions if the allegation is determined to be unfounded. Following an inmate’s allegation that he/she has been abused by another inmate, the facility subsequently informs the alleged victim whenever: 1) The investigation has determined the allegation is unfounded; 2) The investigation has been determined to be unsubstantiated; 3) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse in the facility; and 4) The Department learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Correctional Center’s obligation to notify terminates if the victim is released from agency custody. Notifications and attempted notifications will be documented in the inmate’s master file.

Interviews with the PREA Compliance Manager, PREA Coordinator and Investigator confirmed the facility notifies inmates at the conclusion of the investigation as required. The Pre-Audit Questionnaire and interviews with staff confirmed there have been no cases requiring notification during the past twelve months.

Standard 115.76 Disciplinary sanctions for staff

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

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.

Middlesex County PREA Policy, Procedure M., Discipline, states in paragraph 1., that termination shall be the presumptive PREA Audit Report

disciplinary sanction for staff who have engaged in sexual abuse. 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. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviews with the Warden confirmed disciplinary actions would be consistent with policy. The Pre-Audit Questionnaire and interviews with staff indicated there were no allegations made against a staff for violating any sexual abuse or sexual harassment policy.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

Agency Policy, Procedure L., Discipline, paragraph d., Prohibits any contractor or volunteer who engages in sexual abuse from contact with inmates and requires that they be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Any other violation of agency policies (sexual abuse or sexual harassment) committed by a contractor or volunteer will be reviewed for appropriate remedial measures.

An interview with the Warden confirmed he would stop all contact with inmates, not allow the contractor or volunteer back into the facility and he would refer them for prosecution if the allegations were substantiated.

The Pre-Audit Questionnaire and interviews with staff indicated there were no allegations made against any volunteer or contractor during the past twelve (12) months.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

Procedure L., Discipline, Middlesex County Correctional Center PREA Policy, requires that all inmates found guilty of sexual

abuse or assault are disciplined and referred for criminal prosecution as appropriate. Inmates may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse, or following a criminal finding of guilt for inmate on inmate sexual abuse. Inmates can never consent to sexual activity with a staff, contractor or volunteer regardless of age or status in the facility. The department may discipline inmates for sexual contact with a staff, contractor, or volunteer, only upon a finding that the staff member or volunteer did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy also requires the disciplinary process shall consider whether an inmate's mental limitations or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Additionally, policy requires any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Documentation was provided to confirm that inmates engaging in sexual harassment were disciplined in accordance with the facility's disciplinary process and code.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

The Agency PREA Policy requires all new inmates are screened during the intake process to assess the risk of sexual victimization or abusiveness using the relevant PREA screening instrument. Screening takes place upon intake into the facility, if possible, but no later than 24 hours of admission. All inmates that report prior sexual victimization or abusiveness are offered a follow-up with a medical or mental health practitioner within 14 days. Policy also requires that classification staff assess the inmate as well and make housing decisions. Reassessments are required to be conducted when warranted due to a referral, request, incident of sexual misconduct, regardless of whether it results in discipline or receipt of new or additional information that relates to the risk of sexual victimization or abusiveness. Inmates are not to be disciplined for refusing to answer or for not disclosing complete information in response to the risk of an inmate's sexual victimization or abusiveness. Information from the risk screening is kept confidential and access is limited to a need to know basis to keep inmates safe. Policy prohibits an inmate's identity as LGBTI as an indicator of likelihood of being sexually abusiveness.

The facility has a unique and effective screening process with multiple layers of screening. During the admission process and not later than 72 hours following admission, medical staff conduct the victimization/abusiveness screening. The form used for that screening requires all answers to be voluntary and kept confidential. The following items are scored and weighted to determine risk for sexual victimization: 1) First time incarceration 2) Age under 35; 3) Small size or thin build, or frail youthful appearance; 4) Perceives self to be vulnerable to sexual assault in the facility' 5) Self-reports or is perceived to be LGBTI; 6) Previous experience of sexual victimization; 7) Evidence of a mental, physical, or developmental disability; 8) Non-violent Current and Criminal History; and 9) Prior victim of sexual violence in prison or a jail setting. A score of 4,5 or 6 results in an automatic referral to mental health. A score of "auto" or 6+ is an automatic House Alone Status. Automatic ("auto") refers to an inmate who documented prior victim of sexual violence in prison or a jail setting. The screening instrument has a weighted scale for prediction of sexually predatory behavior and includes the following items: 1) Openly prejudice against LGBTI; 2) Current/prior conviction of a sexual or assaultive nature against an adult; 3) Previous conviction for rape; 4)

Comfortable in a jail setting, institutionalized for more than 2 years; 5) Gang/STG affiliation and/or reputation for aggressive behavior; and 6) Disciplinary infractions in prior incarcerations for acts of sexual predatory behavior or sexual contact. A score of “auto” or 8 results in an automatic referral to mental health and House Alone Status. Previous conviction of prison rape results in an “auto” (automatic) referral to mental health and House Alone Status.

Interviews with the facility’s nurse confirmed medical’s role in conducting the victimization screening. She was knowledgeable of the process and articulate about the steps she would take in conducting that screening. Medical staff complete the victimization portion of the screening instrument, screening for risk of victimization. If the inmate scores, 4,5 or 6 on the screening instrument, the inmate is referred to mental health for a follow up and assessment. A score of “auto” (automatic referral) results in an automatic referral to mental health and House Alone Status. The auto response is in relation to the response on this item: “Previous conviction or prison rape”.

Following medical’s risk screening, classification conducts the “Weighted Scale for Prediction of Sexual Predator” instrument. A score of “auto” or 8 results in an inmate being referred to mental health and House Alone status. Classification staff have access to the inmates historical and demographic information and the intelligence unit has information that is vital to conducting the risk screening.

Classification makes housing decisions and uses the information from the risk screening to inform bedding, programming and work details. Housing reassignments may only be made by “classification” staff.

Interviews with the Warden, PREA Coordinator, PREA Compliance Manager, Licensed Mental Health Professional, Nurse and Social Worker confirmed these processes and evidenced this facility’s commitment to keeping inmates safe. Interviews with inmates generally indicated the screening questions were asked of them when they were admitted. All of the interviewed inmates reported feeling safe in this facility.

Multiple victimization/sexual predator instruments documenting screening were provided. These forms also documented dates that inmates disclosing prior victimization were seen by mental health for a mental status exam and assessment as indicated. All the reviewed referrals were seen by mental health staff the same day as the referral.

Standard 115.82 Access to emergency medical and mental health services

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

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.

Middlesex County PREA Policy, Procedure J., Responding to a Report of Sexual Misconduct or Sexual Harassment, paragraph B., Medical and Mental Health Practitioners, requires that emergency medical attention for the victim must be the first priority of the response. Regardless of whether the inmate receives medical treatment at the facility for a physical injury, the Warden or designee, to whom the report of sexual misconduct involving a sexual assault is made, shall ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours, the inmate is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered the option of being supported by a victim advocate from the Center for Empowerment, during the examination. If the alleged sexual abuse occurred beyond 72 hours appropriate medical staff will seek the advice of a hospital regarding a forensic exam. If the inmate refuses medical treatment, documentation should note the medical treatment was offered but refused by the inmate. Also policy requires if the inmate has not been offered testing for sexually transmitted diseases at the hospital, the PREA Audit Report

facility medical staff will, as soon as possible upon the inmate's return to the facility, offer antibiotics and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider. If a female inmate has not been offered emergency contraception at the hospital, the medical staff will notify the inmate upon her return to the facility that they may return to the hospital for this purpose. Policy prohibits victims from being charged for any of the treatment services described regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to offer medical and mental health care consistent with the community level of care for as long as such care is needed. Additionally, abusers and alleged perpetrators must receive access to care as well, however while the facility must attempt to conduct a mental health evaluation and offer treatment when deemed appropriate, the abuser may refuse. Medical and mental health evaluations, and as appropriate, required to be provided to all inmates who have been victimized by sexual abuse in any facility, even if the abuse did not occur at the Correctional Center. Once cleared by medical, classification determines an appropriate housing assignment for the victim.

Interviews with the facility's medical staff confirmed that resident victims of sexual abuse would be treated on site for any injuries requiring immediate attention after which they would be transported to the Robert Wood Johnson Hospital where further treatment, as needed, would be provided and a forensic exam conducted by a Sexual Assault Forensic Examiner. The medical staff also stated the inmate would be offered STI prophylaxis if not offered at the hospital and any additional follow-up care as indicated. An interview with the local rape crisis center (Center for Empowerment) director, confirmed her organization would provide an advocate to accompany the inmate to meet them at the hospital to offer support services through the exam process, crisis intervention and other activities. An interview with a mental health professional confirmed crisis intervention services for inmate victims of sexual assault to include assessment for current mental status upon return from the hospital and referral to outside mental health services when indicated.

There have been no incidents of sexual assault requiring a forensic exam during the past twelve months. This was confirmed through review of the Pre-Audit Questionnaire, review of each of the investigation reports during the past twelve months and interviews with staff, including the Superintendent, PREA Compliance Manager, PREA Coordinator and the Investigator.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Middlesex County PREA Policy, B. Medical and Mental Health Care Practitioners, paragraph 3., requires that in addition to appropriate follow-up medical care upon return to the facility, the victim will be offered antibiotic and/or anti-viral treatment as deemed medically appropriate by the facility medical provider. If a female inmate has not been offered emergency contraception at the hospital, the medical staff will notify the resident that they may return to the hospital for this purpose. Interviews with the medical staff and professional mental health staff confirmed the on-going help and treatment the victim would be offered. Medical care would be consistent with any follow-up orders from the hospital or the facility's medical doctor. Mental health would conduct a mental status assessment of the inmate upon return to assess potential for suicide and other behaviors as a result of the sexual assault. Referral for more intense and extensive mental health treatment would be provided as needed and ordered. Interviews with medical and mental health staff confirmed the provision of ongoing medical and mental health care for victims of sexual assault and abusers.

Standard 115.86 Sexual abuse incident reviews

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

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.

Policy requires facility to conduct a sexual abuse incident review at the conclusion of every investigation, ordinarily within 10 days of the conclusion of the investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The PREA Compliance Manager indicated, in an interview that the review is called the Sexual Assault Response Team. The review team shall consider whether the allegation or investigation indicates a need to change policy or procedures to better prevent, detect or respond to sexual abuse. The review team also considers whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility. They will also examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in the area during all shifts, as well as assessing whether cameras should be deployed or augmented to supplement supervision by staff. The review team will prepare a report of its finding, including but not limited to information found through all the reviews described and any recommendations for improvement and submit the report to the Warden and PREA Coordinator. Subsequently the facility will implement the recommendation for improvement or document the reasons for not doing so.

The Incident Review is documented on the PREA Incident Team Review form. This form documents all of the required review considerations and contains a section for the team's recommendations for improvements.

Interviews with staff who would be members of the team articulated the process as described in the agency policy. Staff who serve on the team also serve on the classification team. This team would review the incidents following all investigations.

Standard 115.87 Data collection

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

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.

Data Collection and review is addressed in Middlesex County Adult Correctional Center PREA Policy, Procedure P., Data Collection and Review. Policy requires the facility to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions and this data shall be aggregated at least annually. The incident-based

data shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SVV) conducted by the Department of Justice and upon request, the PREA Coordinator shall provide all such data from the previous year to the Department of Justice no later than June 30.

Data collected shall be reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:

- a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis;
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual misconduct.
 - d. The Department's report is approved by the Superintendent and made readily available to the public at least annually through its website. Specific materials from the report may be redacted when publication would present a clear and specific threat to the safety and security of the facility or would violate state or federal confidentiality laws, but must indicate the nature of the material redacted.
- Interviews with the Warden and PREA Compliance Manager indicated the Warden values and uses data to enable decisions to be made based on statistical and other informative data.

Standard 115.88 Data review for corrective action

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

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.

Middlesex County Adult Correctional Center PREA Policy, Procedure P., Data Collection and Review requires that data collected shall be reviewed to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by identifying problem areas and taking corrective action on an ongoing basis as necessary. The facility has not had any allegations resulting in a review of incidents by the Incident Review Team (aka the Classification Committee). Interviews with the PREA Coordinator, PREA Compliance Manager and the Warden indicated they understand the incident review process. They would use the data collected to determine the need for corrective action and to implement the corrective action and collect additional data on an ongoing basis to determine the effect of the corrective actions. The facility provides the data necessary to compile the statistics in order to complete the SSV Report when requested. The annual report includes its findings and corrective actions for each facility, as well as the agency as a whole. This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual misconduct. The Department's report is to be approved by the Warden and made readily available to the public at least annually through its website. Specific materials from the report may be redacted when publication would present a clear and specific threat to the safety and security of the facility or would violate state or federal confidentiality laws, but must indicate the nature of the material redacted.

Standard 115.89 Data storage, publication, and destruction

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

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.

The PREA Coordinator shall maintain the data collected or reported for a minimum of 10 years and ensure it is securely retained.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert G. Lanier

May 18, 2017

Auditor Signature

Date