

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: [Click or tap here to enter text.](#) N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: November 23, 2020

Auditor Information

Name: Mable P. Wheeler

Email: wheeler5p@hotmail.com

Company Name: Diversified Correctional Services, LLC

Mailing Address: PO Box 5736

City, State, Zip: Macon, Georgia 31208

Telephone: 478-737-2171

Date of Facility Visit: October 26 – 28, 2020

Agency Information

Name of Agency: Middlesex County Adult Corrections and Youth Services

Governing Authority or Parent Agency (If Applicable): Middlesex County Board Of Chosen Freeholders

Physical Address: 1 Apple Orchard Lane

City, State, Zip: North Brunswick, NJ 08902

Mailing Address: PO Box 266

City, State, Zip: North Brunswick, NJ 08902

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://www.middlesexcountynj.gov>

Agency Chief Executive Officer

Name: Ronald Rios

Email: Ronald.rios@co.middlesex.nj.us

Telephone: 732-951-3339

Agency-Wide PREA Coordinator

Name: Lieutenant Jeffrey Knight

Email: Jeffrey.knight@co.middlesex.nj.us

Telephone: 732-951-3339

PREA Coordinator Reports to:

Warden Mark Cranston

Number of Compliance Managers who report to the PREA Coordinator:

2

Facility Information

Name of Facility: Middlesex County Department of Corrections

Physical Address: 1 Apple Orchard Lane

City, State, Zip: North Brunswick, NJ 08902

Mailing Address (if different from above):

PO Box 266

City, State, Zip: New Brunswick, NJ 08902

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: May 18, 2017

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
State of New Jersey Department of Corrections (Annual Inspection)

Warden/Jail Administrator/Sheriff/Director

Name: Warden Mark Cranston

Email: mark.cranston@co.middlesex.nj.us

Telephone: 732-951-3320

Facility PREA Compliance Manager

Name: Sergeant Antonio Jorge

Email: Antonio.jorge@co.middlesex.nj.us

Telephone: 732-951-3370

Facility Health Service Administrator N/A

Name: Elizabeth Parboo

Email: Elizabeth.parboo@naphcare.com

Telephone: 732-951-6101

Facility Characteristics

Designated Facility Capacity:

1436

Current Population of Facility:

415

Average daily population for the past 12 months:	459	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 over 60	
Average length of stay or time under supervision:	22.73 months	
Facility security levels/inmate custody levels:	Multi-custody classification facility	
Number of inmates admitted to facility during the past 12 months:	4469	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2124	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1093	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	242	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	18	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	40	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	216	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	221	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	14
<p>Number of single cell housing units:</p>	2
<p>Number of multiple occupancy cell housing units:</p>	8
<p>Number of open bay/dorm housing units:</p>	5
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	48
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>2</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Middlesex County Prosecutors Office) <input type="checkbox"/> N/A

Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Middlesex County Prosecutor Office) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for Middlesex County Department of Corrections was conducted October 26 - 27, 2020. Middlesex County Department of Corrections is located at 1 Apple Orchard Lane, North Brunswick, NJ. 08902. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the onsite audit as a single auditor with no additional onsite support staff. The facility contacted Diversified Corrections regarding the audit and a contract was agreed upon and signed. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited May 18, 2017, with 100% compliance with the PREA Standards with 4 exceeds and 36 met standards and 3 standards not applicable to the program.

Mission:

We, the MCDOC, will provide the highest degree of public safety to the Inmates of Middlesex County by maintaining a safe and secure facility. The safety for staff, inmates and visitors is our primary mission.

Staff will receive extensive training and will maintain the highest level of integrity, professionalism and preparedness.

Our inmate population will receive the highest quality of care and services through extensive individual case management. MCDOC is committed to achieving all local, state and federal standards for quality healthcare, program services and discharge planning.

Values:

The principles and beliefs that are engrained in our department are illustrated in the acronym that our mission represents -- IDEAL. We will be remembered as the model jail by abiding by the following values:

- Integrity
- Dedication
- Efficiency
- Accountability
- Leadership

Audit Methodology Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Coordinator to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; inmate roster by housing unit; listing of staff who perform risk assessments, list of medical/mental health staff; list of contractors and volunteers available during the audit; list of inmates with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex inmates; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) inmates, list of limited English proficient, inmates, list of allegations with investigation outcomes etc. This information was utilized to establish the

interview schedules for the random selection of inmates and staff to be interviewed; random and specialized interviews.

Notice of Audit Posting and Timeline

The audit notice was posted September 18, 2020. Scheduling of audit had been revisited a couple of times due to COVID 19 related issues. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Inmates, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on September 18, 2020. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of inmate and staff correspondence with the auditor. One correspondence was received during the phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The revised PAQ and supporting documentation was received on October 5, 2020. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor’s initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

Requests of Facility Lists

Middlesex County Department of Corrections provided the following information for interview selections and document sampling:

Complete Inmate Roster	An up-to-date roster was provided upon request. (several Staff interviews were conducted via Zoom)
Youthful Inmates/detainees	0
Inmates with physical disabilities	2
Inmates with cognitive disabilities	1
Inmates who are Limited English Proficient	3
Lesbian, Gay, and Bisexual Inmates	1
Transgender or Intersex Inmates	1
Inmates in segregated housing	None were identified.
Inmates in isolation	None were identified.
Inmates who reported sexual abuse/misconduct	4
Inmates who reported sexual victimization during risk screening	1
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	Specialized staff was identified on the roster.
All contractors who have contact with the Inmates	1
All volunteers who have contact with the Inmates	40
All grievances/allegations of sexual abuse and sexual harassment made in the 12 months preceding the audit	2
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	21
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	0
All hotline calls made in the 12 months preceding the audit	11

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
Community Based Organizations (CBOs)	Middlesex County Center for Empowerment (Rape Crisis Center (Hotline 800-665-7273) http://www.middlesexcountynj.gov/
New Jersey Department of Detainees Services	The auditor contacted the New Jersey Department of Detainees Services hotline at 855-332-1594.
New Jersey Department of Detainees Services	<ul style="list-style-type: none">• PREA Coordinator at 334-215-3802• Website

Onsite Audit Phase

Entrance briefing

On October 26, 2020 the entrance briefing was held with the Agency PREA Coordinator, Jeffrey Knight, PREA Compliance Manager; Sgt. Antonio Jorge; Sgt. Marcus Ortega, Classification; Sgt. Robert Bender, Gangs and Intel.. Introductions were made and the agenda for the onsite audit was discussed. Several staff interviews were conducted virtually due to (COVID 19 concerns). All interviews were voluntary and conducted in private. After the entrance briefing the auditor conducted the site review accompanied by PREA Compliance Manager and PREA Coordinator. After the site review, the auditor conducted staff and inmate interviews.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of one (1) building which includes fourteen (14) inmate housing units, two (2) single housing units, eight (8) multiple occupancy cell housing units, five (5) open bay dorm housing units, and forty-eight (48) segregation/isolation cell. The program designated capacity is 1436. Population of first day on onsite was 446. detainees. The facility has a video monitoring system, responsible for security surveillance of entire campus.

Processes and areas observed

The Auditor was able to observe a portion of the intake process which included inmate's receipt of PREA education. Grievance boxes are located on the housing unit. Grievance forms and writing utensils are available upon request.

The staff conducting the site review described the showering process and pointed out the locations of many of the video monitoring cameras. PREA posters with telephone numbers for reporting sexual abuse and sexual harassment are prominently placed in the housing units and common area. The auditor informally asked detainees about basic PREA information during visit to housing units.

Specific area observations

The auditor observed the toilet and shower areas are out of view from staff, detainees must be dressed before coming out of shower area. Inmate rooms are multiple occupancy rooms. The auditor observed staff actively supervising the detainees.

Exit briefing

An exit briefing was held with the Agency PREA Coordinator and the PREA Compliance Manager, to discuss audit findings. The auditor did have some areas of concern and requested additional supporting documentation.

Interviews Logistics

Location and Privacy

Some interviews were conducted via Zoom to comply with CDC guidelines during the COVID 19 pandemic. All interviews were voluntary and private. Onsite interviews were held in the conference room and inmate visitation area; these locations provided privacy and minimum disruption of daily activities and programming. The auditor toured the site on October 26, 2020.

Selection Process

Fifteen (15) specialized staff assigned to the Adult Jail were interviewed. Eighteen (18) direct care staff were interviewed using the random staff interview protocol. Twenty-eight (28) detainees were interviewed using the inmate interview questionnaire. All assigned detainees were interviewed. There was thirteen (13) inmate identified for target interview. One (1) detainee with Cognitive Disabilities and two (2) Detainees with Physical Disabilities. Three (3) detainees were Limited English Proficient Detainees. One (1) detainee identified as transgender, One (1) detainee identified as gay/bisexual, and one (1) detainee disclosed prior sexual victimization during risk screening. Four (4) detainees who reported sexual abuse/misconduct

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (Agency PREA Coordinator)	1
Warden	1
PREA Coordinator	1
PREA Compliance Manager	1
Deputy Director	1
Specialized Staff	
Medical Staff	1
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches (if applicable)	1
Administrative (Human Resources) Staff	1
Agency Contract Administrator	1 (Prior Interview)
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	0
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Detainees in Isolation (no isolation)	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff	
First Shift	11
Second Shift	5
Third Shift	2
Total Random Sample of Staff	18
Volunteers Contractors who have Contact with Detainees	
Volunteers	0
Contractors	1
Detainees	

Random Sample of Detainees from all Housing Units	15
Targeted Inmate Interviews	
Detainees who Reported a Sexual Abuse/Misconduct	None identified
Detainees with Cognitive Disabilities	1
Detainees with Physical Disabilities	2
Limited English Proficient Detainees	3
Gay, Lesbian, and Bisexual Detainees	1
Transgendered and Intersex Detainees	1
Inmates who reported sexual abuse/misconduct	4
Detainees who Disclosed Prior Sexual Victimization During Risk Screening	1
Detainees in Isolation	None identified
Interview Totals	
Total Number of Staff Interviews	38
Total Number of Inmate Interviews	28
Total Number of Interviews	66

Type of Record	Total Records Reviewed
Personnel Records/Documents	10
Volunteer and Contractors Files/Documents	1
Training Files/Documents/Records	10
Inmate Files/Documents	8
Medical/Mental Health Records and Documentation for Victims	0
Grievance Forms (Sexual Abuse and Sexual Harassment)	0
All Incident Reports (Sexual Abuse and Sexual Harassment)	21
Investigation Records (Sexual Abuse and Sexual Harassment)	21

Detainees-on-Detainees Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	1	2	2
Abusive Sexual Contact	0	1	0
Sexual Harassment	0	3	0
Staff-on-Detainees Sexual Abuse	Substantiated	Unsubstantiated	Unfounded
Staff Sexual Misconduct	0	1	7
Staff Sexual Harassment	0	2	2

Reporting Method	Sexual Abuse		Sexual Harassment	
	Detainees-on-Detainees	Staff-on-Detainees	Detainees-on-Detainees	Staff-on-Detainees
Hotline	0	0	0	0
Grievance	0	0	1	3
Verbal Report	4	6	2	3
Anonymous	0	0	0	0
Third Party	2	0	0	0
Reports by Staff	0	0	0	0

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Middlesex County Office of Adult Corrections and Inmate Services
Other Significant Relationship Information	Middlesex County Board of Chosen Freeholders
Facility Name	Middlesex County Department of Corrections
Facility Address	1 Apple Orchard Lane, North Brunswick, NJ. 08902
Age of Facility	36
Total Facility Rated Capacity	1436

Inmate Population Size and Makeup	
Average daily population in the last 12 months	459
Actual population on day 1 of the onsite portion of the audit	415
Population Gender	Male and Female
Population Ethnicity	Multiethnic
Length of Stay	22.73 months

Staff Size and Makeup	
Number of Security Staff	242
Types of Supervision Practiced:	Multi-custody classification facility
Number of Volunteers who may have contact with inmates	45
Number of Contractors who may have contact with inmates	40
Number of Interns who may have contact with inmates	0

Number and Type of Housing Units	
Number of single-occupancy cells	2
Number of multiple-occupancy cells	8
Number of open-bay dorms	5
Number of segregation/isolation units	48
Number of medical units	1
Number of closed units	4
Type of Supervision (direct or indirect)	Direct
Video Monitoring	Yes

Facility Operations

Physical Plant Description

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 459.

The Department of Corrections is composed of 242 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 Captains and 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 Warden is responsible for the building, grounds and equipment. Food Services, Medical Services, Social Services and Commissary Services are provided by contracts with private companies.

The facility is replete with PREA Posters of all kinds and descriptions. These posters are graphically designed with bold "eye catching" colors. The Posters contain a wide variety of PREA related information. One huge poster has a megaphone with ways to report emanating from the megaphone. These included reporting verbally, through grievances, anonymously, through third parties and through the Middlesex County Office of Adult and Inmate Services. Phone numbers and addresses of the following are posted for inmate's viewing and reading. These included the following: 1) Middlesex County Center for Empowerment (Rape Crisis Center); (2) Middlesex County Office of Adult Corrections and Juvenile Service; (3), the Department of Inmate Services Sexual Assault 24 Hour Hotline; and 4) the New Jersey Department of Homeland Security (for inmates being held for civil immigration purposes only). Noteworthy is the fact that the facility posted information about the grievance process recommending that detainees wanting to report sexual abuse or sexual harassment use the Middlesex County Department of Corrections Grievance Process.

Services Available

The Middlesex County Board of Chosen Freeholders believes that inmates should work during their incarceration in order to provide service to the community. Inmates perform routine institutional work such as janitorial, lawn maintenance and warehouse work in other County departments. Carefully supervised inmate work-crews perform highway and park clean-up and have even been used in emergency service during crisis such as clean-up effort.

Many inmates work in the institution in janitorial roles, others work in the laundry, the kitchen and maintenance shop. Carefully classified inmates work on the institutional grounds - maintaining lawns, cleaning parking lots and the grounds. All of this work reduces taxpayer expense for institutional operations. Fifty 50 inmates are assigned in the kitchen every day to prepare and serve over 3,000 meals.

Using inmate workers the County has expanded these services beyond the institution. Each day inmate workers perform janitorial, lawn care and warehouse functions in other County buildings - Central Vehicle Maintenance, Public Property, Purchasing, the County Warehouse, the Juvenile Detention

Center, Highways and Bridges and the Records Retention Center. Inmate workers have also been assigned to municipal buildings in Old Bridge, East Brunswick, Spotswood and the Edgeboro Landfill.

The high priority is placed on inmate service to the community. This work involves a crew of eight inmates being supervised in the performance of highway and park clean-up and improvement projects in townships throughout the County, as well as at the Kiddie Keep Well Camp in Edison and the American Cancer Society's warehouse in Fords. Additional service to non-profit organizations has included projects such as preparing mailings for the American Cancer Society (folding, collating, envelope stuffing and sorting envelopes by zip codes for mass mailings).

A review of Agency's Annual Accomplishments clearly, demonstrate the facility's focus on addressing issues and being pro active in identifying "best practices" for providing quality services. Areas addressed in annual report included: medical management, mental health, social services, quality improvement, education and training, juvenile/shelter and accreditation and audits.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.34 Specialized Training: Investigations

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedures A, B pages (2-3)
2. Middlesex County Department of Corrections PREA Compliance Manager - Designation
3. Middlesex County Department of Corrections Organizational Chart
4. PREA Audit: Pre-Audit Questionnaire for Middlesex County Department of Corrections

Interviews:

1. Agency PREA Coordinator
2. PREA Compliance Manager
3. Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.11 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. 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 definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Middlesex County Department of Corrections is committed zero-tolerance for all forms of sexual abuse assault/misconduct/harassment or rape with-in its congregate care facilities for children and inmate and shall be committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) as outlined in PREA Policy, Procedure A, PREA, Sexual Misconduct, Sexual Harassment, General.

Policy provides guidelines for Middlesex County Department of Corrections zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane and appropriately secure environment free from threat of sexual abuse/assault/misconduct/harassment or rape provided for all inmates living in congregate care settings. Office of Adults and Inmate Services policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The inmate handbooks include inappropriate behaviors and resulting consequences.

Middlesex County Department of Corrections policies addresses prevention of sexual abuse and sexual harassment through appropriate hiring and staffing of facilities, the designation of facility PREA Compliance Manager, staff supervision, identifying opportunities to separate and monitor sexually aggressive inmate and potential victims, housing assignments, criminal background checks, staff training, inmate education, PREA posters and educational materials, and creating a facility culture that discourages sexual aggression, abuse and harassment.

The policies address detection of sexual abuse and sexual harassment through inmate education, providing protections for viewing and searches, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through increasing awareness of safe reporting mechanisms and available services to victims, continuing education of staff and inmate, investigations, disciplinary sanctions for inmates and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.11 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

The PREA Coordinator for the New Jersey Department of Inmate Services is responsible for oversight and compliance with PREA standards in all facilities for children and adults. The PREA Coordinator confirmed he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.

115.11 (c)

PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is identified in the organizational chart. The PREA Compliance Manager reports to the PREA Coordinator of Middlesex County Department of Corrections.

The PREA Compliance Manager is responsible for coordination of respective facility's efforts to comply with PREA standards. The PREA Compliance Manager will be responsible for reporting any violation of PREA standards to the agency PREA Coordinator. The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Adult Standards.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. No corrective action is required.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Written Policies and Procedures Office of Adult Corrections and Youth Services
2. Middlesex County Department of Corrections PREA Policy
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

Interview Agency PREA Coordinator
Interview with the Warden

Findings (By Provision):

Middlesex County Department of Corrections does not contract for the confinement of inmates. This was confirmed by the information provided on the PAQ and through with interviews with the PREA Coordinator and the Warden.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of inmates. No corrective action is required.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure B, pages (2-3), paragraph (I) (1-8);
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
3. Middlesex County Department of Corrections Staffing Plan

4. Middlesex County Department of Corrections Annual Staffing Plan Assessments (2020)

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.13 (a)

PAQ: Since the 2017 PREA audit:

1. The average daily number of inmates: 563
2. The average daily number of inmates on which the staffing plan was predicated: 590

The PREA Compliance Manager confirmed the facility regularly monitors staffing plan, maintains adequate staffing levels to protect inmates against sexual abuse, considers monitoring as part of the plan, and documents the plan. When assessing staffing levels and needs the staffing plan considers: generally accepted Inmate detention and correctional/secure immaterial practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Warden stated he monitors for compliance with the staffing plan to ensure staff are on duty.

The auditor reviewed the Middlesex County Department of Corrections Staffing Plan and Policy 1.02.02-3 (Determination and Provisions of Staffing Requirements) for verification. The staffing plan is inclusive of the standard requirements.

115.13 (b)

PAQ: Should there be deviations from the staffing plan, the facility documents and justifies all deviations. However, the facility has never deviated from the facility staffing plan.

115.13 (c)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Annually, the PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, and resources available to commit to ensure adherence to the staffing plan.

The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard. The auditor reviewed the Middlesex County Department of Corrections Annual Staffing Plan

Assessments for verification. The facility has added upgrades to the video surveillance since the last PREA audit.

115.13 (d)

PAQ: The facility requires that intermediate-level or higher-level staff conducts unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

The Officer in Charge conducts unannounced rounds on all shifts on a regular basis and documents rounds. The purpose of the unannounced rounds is to ensure the safety of inmates, the security of the facilities and deter any form of sexual abuse or sexual harassment. Staff is prohibited from alerting other staff members or staff at other facilities that unannounced rounds are occurring or may be occurring. Alerting other staff of unannounced rounds will result in disciplinary action. All unannounced rounds will be documented on Unannounced PREA Rounds form.

Middlesex County Department of Corrections utilizes staff supervision and video monitoring systems to protect inmates from sexual abuse and harassment. An officer in Charge and Administrative staff conducts and document unannounced rounds on all shifts for the maintenance of a safe environment. The unannounced rounds cover all shifts and all areas of the Facility. At least two unannounced rounds are conducted per month by upper-level staff. Staff is prohibited from alerting other staff of such rounds. All unannounced rounds are documented using the Unannounced PREA Rounds form.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is not required.

Standard 115.14: Youthful Inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during on-site review of physical plant, this facility does not house youthful inmates

Findings (By Provision):

Middlesex County Department of Corrections does not house youthful offenders; this facility is an adult facility. Juvenile are house with the Department of Juvenile Justice, this was confirmed through staff interviews, site review and responses on the PAQ.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding youthful offenders. Corrective action is not required.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure (G); page (6), paragraphs (1-9);
2. Middlesex County Department of Corrections Orientation for New Employees
3. Middlesex County Department of Corrections Inmate Handbook
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interviews with a Random Sample of Staff
2. Interviews with a Random Sample of Inmates

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.15 (a)**

PAQ: The facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of inmates: Zero (0)
2. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: Zero (0)

Middlesex County Department of Correction conducts cross-gender strip or cross-gender visual body cavity searches of inmates.

115.15 (b)

PAQ: The facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of female inmates that were conducted by a male staff member: Zero (0)
2. The number of cross-gender pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): Zero (0)

115.15 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented.

Middlesex County Department of Correction staff do not conduct cross-gender pat down, strip searches or visual body cavity searches.

115.15 (d)

PAQ:

The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit or area where inmates are likely to be showering, performing bodily functions, or changing clothing.

Facility policies and procedures enable inmates to shower, perform bodily functions, and change clothing without staff viewing their breasts, buttocks, or genitalia. The population housed at the facility is male and female. All inmates shower one at a time behind the privacy of shower curtains.

Inmate interviews confirmed they are never naked in full view of staff of either gender. Staff interviews confirmed inmates are able to dress, shower, and use the toilet without being viewed by staff of either gender.

PREA Site Review:

Staff conducting the tour described the shower process. The inmates shower individually behind the privacy of a closed curtain.

115.15 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Zero (0) such searches occurred in the past 12 months.

Staff members are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex inmate for the purpose of determining the inmate's genital status.

During the onsite portion of the audit, a transgender inmates were interviewed by the auditor the inmates affirmed the ability to shower and perform bodily functions in privacy.

115.15 (f)

PAQ: The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%

Staff interviewed confirmed they have received such training regarding conducting searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Cross-gender pat-down searches do not occur.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure E., Education, page (5) paragraphs (1-7),
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
3. PREA Posters with Hotline Numbers for Outside Support Services (English and Spanish)
4. Middlesex County Department of Corrections Inmate Handbook (victim advocacy information)
5. Brochure: What you should know about sexual abuse & sexual assault (English and Spanish)

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the Agency Head Designee
3. Interviews with Inmates with Disabilities and Limited English Proficient Inmates
4. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.16 (a)

PAQ: The agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Middlesex County Department of Correction ensures inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Compliance Manager confirmed Middlesex County Department of Correction has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There were inmates who are

limited English proficient and with cognitive and physical disabilities identified during the onsite audit. Auditor interviewed random sample of inmates identified as targeted.

115.16 (b)

PAQ: The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility ensures meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. The facility has interpreter services provided by New Jersey Department of Adults and Youth Services. PREA brochures and PREA posters are available in Spanish and English. There were inmates identified as limited English proficient during the onsite audit.

115.16 (c)

PAQ: Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.364, or the investigation of the inmate's allegations.

1. The agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.
2. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations: Zero (0)

Each facility will not rely on interpreters within the facilities, except in extreme circumstances where safety may be compromised. Middlesex County Department of Corrections has a staff member who can provide translation for Spanish speaking inmates in an emergency. The New Jersey Department of Adult and Youth Services will provide interpreter services as needed.

Staff interviewed confirmed the agency does not use inmate interpreters, inmate readers, or other types of inmate assistants to assist disabled inmates or inmates with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of inmate interpreters, inmate readers, or other types of inmate assistants being used in relation to allegations of sexual abuse or sexual harassment. There were limited English proficient inmates identified during the onsite audit. Bi-lingual staff is available to assist as needed.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding inmates with disabilities and inmates who are limited English proficient. No corrective action is required.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure M., Hiring and Contracting; page (11), paragraphs (1-5)
2. Verification of Backgrounds completed on all staff.
3. Verification of PREA Five Year Background Checks
4. PREA Employee Questionnaire
5. Middlesex County Department of Corrections Center Pre-Audit Questionnaire responses

Interview:

1. Interview with Human Resources Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.17 (a)

PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor, who may have contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The auditor requested and was able to review personnel files and verified questions regarding previous misconduct for on each employee.

115.17 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Middlesex County Department of Corrections Center does not hire or promote anyone who has been found guilty of sexual harassment. The auditor observed employees are asked about previous accusations of sexual harassment as part of the questions regarding previous misconduct.

115.17 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, (b) consults any child abuse registry

maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse

During the past 12 months:

1. The number of persons hired who may have contact with inmates who have had criminal background record checks: 18
2. The percent of persons hired who may have contact with inmates who have had criminal background record checks: 100%

Before hiring new employees, who may have contact with inmates, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Drug Offence Registry, and the New Jersey Department Youth Services Database. They contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are being considered for promotions. Background checks are completed every five years for all employees.

The auditor reviewed questions regarding previous misconduct for verification.

115.17 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with inmates.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 40
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 100%

Before hiring new employees, who may have contact with inmates, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry/FBI, Child Abuse Registry for New Jersey.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with inmates.

115.17 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees.

The auditor reviewed criminal background record checks of current employees for verification and five year background checks for all staff.

The facility Human Resources staff confirmed the facility asks all applicants and employees who may have contact with inmates about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed questions regarding previous misconduct for new hires, promotions, and evaluations for verification.

115.17 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Employees have a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The auditor observed employees verify they understand that omissions regarding previous misconduct, or providing false information, shall be grounds for termination. This verification is included with the questions regarding previous misconduct.

The facility Human Resources staff confirmed when a former employee applies to work at another institution, upon request from that institution, Middlesex County Department of Corrections Center can state whether the employee was terminated and whether they would be considered for re-hire.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure B., Department PRA Coordinator and Facility PREA Compliance Managers, page (2), paragraph (g)
2. Middlesex County Department of Corrections Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.18 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The PREA Compliance Manager and Warden both confirmed the facility would consider the ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

115.18 (b)

PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The PREA Manager and Warden both confirmed when installing or updating the motion monitoring system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

PREA Site Review:

The auditor observed there were expansions or modifications to the facility since the last PREA audit. Additional video surveillance DVR's have been added that increase retention time for video footage.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for detainees where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure K, Investigations; pages (9-10); PREA Procedure B., Medical and Mental Health Care Practitioners; page (9)
2. National Protocol For Sexual Assault

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with investigation staff
3. Interviews with Inmates who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.21 (a)

PAQ: Middlesex County Departments of Corrections is responsible for conducting administrative investigations; the warden/designee shall notify the Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation of criminal sexual abuse, (including inmate-on-inmate sexual abuse or staff sexual misconduct).

All forensics are completed by a local hospital, the Middlesex County Center for Empowerment (Rape Crisis Center) for the provision of support services to inmates. This service is provided at no cost to inmates as outlined by policy. There have been no forensic examinations in the last 12 months. When a sexual assault forensic examiner or a sexual assault nurse examiner is not available, a qualified medical practitioner will perform the forensic examination. An inmate may elect to refuse medical treatment after an incident of sexual abuse/assault.

115.21 (b)

The uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011.

Middlesex County Departments of Corrections adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

115.21 (c)

PAQ: The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)
2. The number of exams performed by SANEs/SAFEs: Zero (0)
3. The number of exams performed by a qualified medical practitioner: Zero (0)

For those sexual abuse incidents alleged to have occurred within seventy two (72) hours, staff will offer to take the inmate to the local hospital for examination, collection and preservation of evidence, and treatment (without financial cost to the inmate). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFEs's) or Sexual Assault Nurse Examiners (SANE's) if possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical professionals at a local hospital.

115.21 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If the rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the Middlesex County Center for Empowerment (Rape Crisis Center) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

115.21 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Middlesex County Departments of Corrections utilizes the Middlesex County Center for Empowerment (Rape Crisis Center) for advocacy services. The auditor confirmed availability of the services through telephone communication. Examinations would be conducted at the local hospital, an advocate from the local Rape Crisis Center would accompany and support victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the Middlesex County Center for Empowerment (Rape Crisis Center) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

115.21 (f)

PAQ: The agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards.

The Middlesex County Departments of Corrections is responsible for administrative investigations; criminal investigative allegations of sexual abuse are referred to the Middlesex County Prosecutor's Office.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H, Reporting Sexual Misconduct or Sexual Harassment; pages (6-7);
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (Agency Wide PREA Coordinator)
2. PREA Compliance Manager
3. Investigative Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.22 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: Twelve (12)
2. The number of allegations resulting in an administrative investigation: Seven (7)
3. The number of allegations referred for criminal investigation: Five (5)

Middlesex County Department of Corrections ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented.

The Agency Head Designee (Agency Wide PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He stated the

facility is responsible for all administrative investigations and criminal investigations are completed by the Middlesex County Prosecutor's Office.

115.22 (b)

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:

<http://www.middlesexcountynj.gov>

PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:

<http://www.middlesexcountynj.gov>

115.22 (c)

The PREA Policy describes the responsibilities of the Middlesex County Department of Corrections and the Middlesex County Prosecutor's Office. The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both the Prosecutor's office and Middlesex County Department of Corrections.

115.22 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

115.22 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in a facility shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Due to the postponement of the audit regarding Covid concerns, the number of allegations of sexual abuse/sexual harassment may differ from what was reported on the Pre Audit Questionnaire.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections Staff Development Plan
2. Middlesex County PREA Procedure C., Training, page (4)
3. Proposed Employee Training Curriculum
4. Staff Confirmation of receipt of PREA
5. Pamphlet What Staff Should Know About Sexual Misconduct with Inmates
6. Staff Annual Training Record

Interviews:

1. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.31 (a)

PAQ: The agency trains all employees who may have contact with inmates on the eleven (11) required topics.

The training curriculum includes the following topics:

- a. MCDOC Zero Tolerance Policy,
- b. How to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting, and responsive policies and procedures; and
- c. The right of inmates, their families, staff, volunteers, and others to be free from retaliation for reporting sexual misconduct and sexual harassment.
- d. The dynamics of sexual abuse and sexual harassment in confinement.
- e. The common reactions of sexual abuse and sexual harassment in confinement.
- f. How to detect and respond to signs of threatened and actual sexual abuse, how to distinguish between consensual and sexual abuse between inmates.
- g. How to avoid inappropriate relationships with inmates.
- h. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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

The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with inmates, but all who have contact with inmates shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

All training shall be documented in the staff/volunteer training file and shall include, at minimum;

- a. date training received;
- b. subject/topic areas covered;
- c. name of trainer/instructor;
- d. signature of persons receiving training; including acknowledgement they **understand** training received
- e. results of performance evaluation and/or testing, if applicable.

6. The Department PREA Coordinator shall ensure that facility investigative officers, in addition to the training provided to all staff, receive specialized training in conducting investigations of sexual misconduct in facility settings. This training shall include techniques for interviewing victims of sexual misconduct, including techniques specific to low functioning adults or those with mental health issues, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training shall be documented in the officer's training file.

7. The medical and mental health care practitioners who work regularly with inmates, in addition to the training provided to all staff, shall be trained initially and biannually thereafter in the following:

- a. How to detect and assess signs of sexual abuse and sexual harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.31 when hired and PREA refresher training annually. The auditor reviewed staff training records for verification.

115.31 (b)

PAQ: Training is tailored to the unique needs and attributes and gender of the inmates at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

The auditor reviewed the PREA training curricula/PowerPoints for verification. All staff were knowledgeable of the PREA Standards.

115.31 (c)

PAQ: The number of staff currently employed by the facility, who may have contact with inmates, who were trained or retrained on PREA requirements: 242

The percent of staff currently employed by the facility that may have contact with inmates, who were trained or retrained on PREA requirements: 100%

The agency PREA refresher training will be conducted once a year. All full and part-time staff members are required to complete the refresher training. The auditor reviewed the PREA training and staff training records for verification.

115.31 (d)

PAQ: The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

Policy states the facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff signs the Prison Rape Elimination Act (PREA) Acknowledgement (Attachment C) and their participation is electronically recorded in the Staff Training Hours Report.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding employee training. Employees are trained annually. No corrective action is required.

Standard 115.32: Volunteer and contractor training**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure C., Training, page (4) paragraphs (3-4)
2. Sexual Abuse/Assault/Harassment Training
3. Protection from Sexual Abuse and Assault
4. Volunteer and Contractor Training Curriculum
5. Volunteer and Contractor Receipt of PREA
6. PREA Fact Sheet

Interviews:

1. Interview with PREA Compliance Manager
2. Interview with Warden
3. Human Resources
4. Contract RN (NAPHCARE)
5. Contract Mental Health LCSW

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.32 (a)

PAQ: All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

1. The number of volunteers and contractors, who have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 437

2. The percent of volunteers and contractors, who have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:100%

All volunteers and contractors assigned to work in facilities will receive training in compliance with PREA standards. Middlesex County Department of Corrections has no active volunteers due to COVID 19 concerns.

115.32 (b)

PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Middlesex County Department of Corrections has active contractors, medical and mental health. The auditor reviewed contractor acknowledgement forms for verification .Volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.32 (c)

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Volunteers' sign Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the zero-tolerance policy and understand the training they have received.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. The facility's currently have zero volunteers permitted on site, due to COVID 19 restrictions. Contractors PREA training was verified. No corrective action is required.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure E., Education, page (5)
2. Policy 2.0.1.15-3 Inmates with Disabilities
3. Inmate Handbook (English and Spanish)
4. Pamphlet What You Should Know About Sexual Abuse and Assault (English and Spanish)
5. Access to Interpreters (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)
6. Intake Screening for Risk of Victimization and Abusiveness (Attachment B)
7. PREA Acknowledge Statement

Interviews:

1. Interview with PREA Compliance Manager
2. Interviews with Inmates (LEP)
3. Interviews with Inmates with Disabilities

Site Review Observations:

Observations during on-site review of physical plant Posters and other Visual Aides.

Findings (By Provision):

115.33 (a)

PAQ: Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Of inmates admitted during the past 12 months:

1. The number who were given this information at intake: 3309
2. The percent who were given this information at intake: 100%

During the intake process, each inmate will receive information explaining, the agencies zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidence or suspicions of sexual abuse or sexual harassment. Written and verbal information on PREA will be provided and explained to each inmate within (72) seventy-two hours of arrival at the facility.

The Intake Staff confirmed inmates are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all inmates within 72 hours of intake. Inmates interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their

right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and harassment through training materials, pamphlets, and inmate handbooks.

The auditor reviewed intake records of inmates entering the facility in the past 12 months and inmates were interviewed for verification. This information is documented on the Training of Inmates for Orientation form.

115.33 (b)

PAQ: Of inmates admitted during the past 12 months:

1. The number who received such education within 10 days of intake: 1093
2. The percent who were given this information within 10 days of intake: 100%

Within the initial 10 days of placement, inmates will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Inmates Orientation form filed in each inmate's case file.

The Intake Staff confirmed the facility ensures that inmates are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the inmates to sign an acknowledgment form stating they understand the information. He confirmed inmates are made aware of these rights within 24 hours after intake. Inmates interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Inmates stated they received the information on their first day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

Within 72 hours of admission, the facility provides comprehensive orientation to inmate, with the staff advising inmate of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents. The Agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Inmates are provided a handout. Documentation of inmates signatures were reviewed and confirmed during inmate interviews. All inmates must sign Inmate Receipt of PREA.

Posters are located throughout the Facility. They provide important contact information for the Sexual Assault hotline and victim advocate services. The auditor reviewed intake records of inmates entering the facility in the past 12 months and inmates interviewed for verification. This information is documented with Inmate Confirmation of Receipt Prison Rape Elimination Act (PREA). Auditor observed PREA education component for incoming inmates. Relevant educational materials including posters, inmate handbooks, pamphlets, and the PREA Comprehensive Education Curriculum was reviewed.

115.33 (c)

PAQ: All inmates were educated within 10 days of intake.

Within the initial 10 days of placement, inmates will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Inmates for Emergency Procedures and Orientation form filed in each inmate's case file.

The Intake Staff confirmed all inmates are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless if they are transferred from other facilities.

The auditor reviewed intake records of inmates entering the facility in the past 12 months and inmates interviewed for verification.

115.33 (d)

PAQ: The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

Appropriate provisions are made as necessary for inmates who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with psychiatric, speech or reading disabilities. Limited English proficient inmates will be provided with an interpreter for assessments and to provide educational materials. Middlesex County Department of Corrections does not rely on inmate interpreters for PREA information and education. If an interpreter is needed, the facility contacts the New Jersey Department of Adults & Youth Services who will provide an interpreter.

115.33 (e)

PAQ: The agency maintains documentation of inmate participation in PREA education sessions.

Policy states all inmates are required Notification of Prison Rape Elimination Act (PREA) and the Training of Inmates is documented on the PREA Acknowledgement form and the Orientation form.

The auditor reviewed inmate acknowledgment forms of inmates entering the facility in the past 12 months and inmates interviewed for verification.

115.33 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

The auditor reviewed the inmate handbook, pamphlets, and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the inmates.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding inmate education. No corrective action is required.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure E., Training, page (5)
2. Investigator Receipt NIC Training “Investigating Sexual Abuse in a Confinement Setting”
3. Investigator Receipt NIC Training “Coordinator Roles and Responsibilities”

Interviews:

1. Facility Investigator
2. Interview with the PREA Compliance Manager
3. Interview with the Warden

Middlesex County Department of Corrections conducts administrative investigation, criminal sexual abuse investigations are referred to the Middlesex County Prosecutor’s Office for investigation

The Special Investigators Unit Training Curriculum includes:

(1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5) Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse; (11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning

General training provided to all employees pursuant to 115.31, investigators receive training in conducting investigations in confinement settings to include: Techniques for interviewing sexual abuse victims, Sexual abuse evidence collection in confinement settings, Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The supervisor of the Gang Intelligence Unit is very knowledgeable of the investigation process. He and investigation staff have completed the NIC online training provided by the National Institute of Corrections. They have completed multiple courses in investigative techniques in confinement setting and provide support services for the Adult and Juvenile facilities. Internal Affairs follows a uniform evidence collections process, they 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. Investigators have completed numerous specialized trainings in addition to the same PREA Training required and provided to all employees.

Middlesex County Department of Correction currently has three (3) investigators, who have completed the specialized training to conduct investigations.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined this standard is rated exceeds.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure E., Training, page (5)
2. Investigator Receipt NIC Training "Investigating Sexual Abuse in a Confinement Setting"
3. Investigator Receipt NIC Training "Coordinator Roles and Responsibilities"
4. Nurse Certification/Licenses
5. Staff PREA Acknowledgement Statement (Attachment C)
6. Contract and Volunteer PREA Training (Attachment D)
7. Training Records of Medical and Mental Health Practitioners

Interviews:

1. Interview with PREA Compliance Manager
2. PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: Fifty-four (54)
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

The staff receives the eleven (11) PREA topics in standard 115.31 and the additional specialized topics required by the standard. All full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.35 (b)

PAQ: The agency does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Policy requires specialized PREA training for medical and mental health staff. Documentation of specialized training was reviewed and confirmed by auditor. Forensic examinations are not conducted onsite; Middlesex County Department of Corrections utilizes the local hospital for forensic exams. Middlesex County Center for Empowerment (Rape Crisis Center) will provide advocacy services for the inmate during the forensic sexual assault medical exams.

115.35 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor reviewed NIC certificates, Staff Acknowledgement of Prohibition of Sexual Misconduct (Attachment D) and the Staff Training Hours Report for verification prior to completion of final report.

115.35 (d)

Mental health staff receives the eleven (11) PREA topics in standard 115.31 and the additional specialized topics required by the standard.

The auditor reviewed training records. The PREA Compliance Manager and RN (contractor) received the specialized training and the training required by standard 113.31.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure D., Screening and Assessment, page (5)
2. Intake Screening For Risk of Victimization and Abusiveness (Attachment B)
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Staff Responsible for Risk Screening
3. Interviews with Inmates

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.41 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

In the past 12 months:

1. The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 2124
2. The percent of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 100%

The policy requires that an inmate's risk level be reassessed periodically throughout their confinement.

During the intake process, the PREA Intake Screening for Risk of Victimization and Abusiveness is administered to inmates within seventy-two (72) hours of admission. This information is ascertained through conversations with inmates during the intake process and by reviewing relevant documentation. Each inmate will be reassessed every six months or at any point of significant change in his or her situation.

The Staff Responsible for Risk Screening confirmed she screens inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward

other inmates. She stated she screens inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The information is ascertained through conversations with inmates during intake, medical and mental health screenings, and reviewing any relevant court records. Inmate's risk levels are reassessed every six months.

Inmates interviewed confirmed when they first came to the facility; they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.

115.41 (b)

PAQ: The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

The auditor reviewed the Intake Screening For Risk of Victimization for verification. The screening instrument is designed to be objective.

115.41 (h)

The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the inmate may therefore be vulnerable to sexual abuse; current changes and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the inmate's own perception of vulnerability; and any other specific information about individual inmates that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other inmates.

The Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard; the information is ascertained through conversations with inmates during intake, medical and mental health screenings, and reviewing any relevant court records.

Staff members working directly with the inmates are advised of the status of an inmate at risk of victimization or an inmate that is at risk of harming others on a need to know basis.

The Warden and PREA Compliance Manager confirmed the agency has outlined who can have access to an inmate's risk assessment within the facility, in order to protect sensitive information from exploitation. The information is available on a need-to-know basis.

During the last 12 months 2124 inmates have been screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The policy limits staff access to this information on a "need to know basis". The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the inmate may therefore be vulnerable to sexual abuse; current changes and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the inmate's own perception of vulnerability; and any other specific information about individual inmates that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other inmates. Inmate and staff interviews and review of document confirms the use of this instrument.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding obtaining information from inmates. No corrective action is required.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure G., Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI) page (6),
2. Middlesex County Department of Corrections PREA Policy, Procedure D., Screening and Assessment, page (5)
3. PREA Screening instrument (Attachment B)
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

Interview with the Warden
Interview with Staff Responsible for Risk Screening
Interview with Staff who Supervise Inmates in Isolation
Interviews with Transgendered/Intersex/Gay/Lesbian/Bisexual Inmates
Inmates in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
Interviews with Inmates

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.42 (a)

PAQ: The agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse.

The "At-Risk Protocol" will be initiated and completed by each facility's respective PREA Compliance Manager or their designee on inmates identified as vulnerable for at risk sexual victimization or identified as having the potential to victimize/perpetrate, especially in regards to sexually aggressive behavior. Bed and room assignments will be made accordingly on a case by case basis.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep inmates safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

The auditor reviewed At-Risk Protocol examples demonstrating risk assessment factors are considered in keeping inmates safe and free from sexual abuse.

115.42 (b)

PAQ: The facility has a policy that inmates at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged. The facility policy requires

that inmates at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of inmates at risk of sexual victimization who were placed in isolation: Zero (0)
2. The number of inmates at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: Zero (0)
3. The average period of time inmates at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

115.42 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status is prohibited. Considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually active is prohibited.

The PREA Coordinator and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex inmates are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The auditor observed no designated LGBTI housing at Middlesex County Department of Corrections. The agency or facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

The PREA Compliance Manager confirmed housing and programming assignments for transgender and intersex inmates are considered on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Each inmate will be reassessed every six months or at any point of significant change in his or her situation. The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed a transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration.

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex inmates are given the opportunity to shower separately from other inmates. Single showers with closed doors are available for all inmates.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure F., Protective Custody or Special Management Housing, page (6),
2. PREA Screening instrument (Attachment B)
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Warden
2. Interview with Staff Responsible for Risk Screening
3. Interview with Staff who Supervise Inmates in Isolation
4. Inmates in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - NA
5. Interviews with Inmates

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.43 (a)**

PAQ: The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Inmates at high risk of sexual victimization, or who are alleged to have suffered sexual abuse, may only be placed in involuntarily in protective custody after an assessment of available alternatives has been made, and the determination has been made that no other means of separating the inmate from likely perpetrators or the alleged abuse exist the facility. 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 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.

Any placement or retention of an inmate in a special management housing unit or protective custody housing unit shall be documented in accordance with Departmental policies and procedures.

Inmates placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, education, 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 security, it must document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.

115.43 (a)

PAQ: The facility has a policy that inmates at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged. The facility policy requires that inmates at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of inmates at risk of sexual victimization who were placed in isolation: Zero (0)
2. The number of inmates at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: Zero (0)

3. The average period of time inmates at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Inmates placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, education, 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 security, it must document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H, (B)., Inmate Reporting, page (7)
2. Inmate Handbook
3. Inmate Hotline (*9032#)
4. HELP# (4357#)
5. Middlesex County Center for Empowerment (Rape Crisis Center) Hotline 1-877-665-7273
6. Inmate PREA Acknowledgement Statement (Attachment C)
7. Third Party Reporting
8. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with Inmates
4. Interviews with Inmates who Reported Prior Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.51 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.

The facilities provide internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal ways of reporting include reporting to facility/agency personnel or filing a grievance. Grievance forms and locked grievance boxes are assessable to the inmates. A grievance form is included in each inmate handbook. Inmates have access to pencils for writing grievances and the grievance box is checked daily.

Staff interviews confirmed inmates can privately report sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Inmates stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

115.51 (b)

PAQ: The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Inmates may also report externally to a public or private entity or office that is not part of the agency. This includes but is not limited to: (1) Hotline *9032#; (2) Attorney; (3) The Middlesex County Center for Empowerment (Rape Crisis Center) (4) Inmate's family member; inmates may remain anonymous upon request.

Inmates detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the New Jersey Department of Homeland Security. The facility has not had any inmates detained solely for civil immigration purposes.

The PREA Compliance Manager identified the Hotline as one way inmates can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of inmate reports of sexual abuse or sexual harassment to agency officials and allows the inmate to remain anonymous upon request. Inmates stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Inmates also could identify someone that does not work at the facility they could report to.

The auditor observed English and Spanish language posters with phone numbers and/or mailing addresses for inmate access to outside support services.

115.51 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. The time frame that staff is required to document verbal reports:

Interviews with staff confirmed when an inmate alleges sexual abuse or sexual harassment; they can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document within 24 hours. Inmates confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.51 (d)

PAQ: The facility provides inmates with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.

The PREA Compliance Manager confirmed inmates are allowed to have a pencil to make written reports of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed grievance forms are available next to locked grievance boxes.

The facility allows for staff to privately report sexual abuse and sexual harassment of inmates by calling the Center for Empowerment (Rape Crisis Center) at 1-877-665-7273 and from their inmate's phone at *4357#. Staff interviewed identified the inmate phones as a way for them to privately report sexual abuse and sexual harassment of inmates.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding inmate reporting. No corrective action is required.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H. (B) Reporting Sexual Misconduct or Sexual Harassment, page (8) B. Inmate Reporting, paragraph (6)
2. Inmate PREA Acknowledgement Form (Attachment C)
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interviews with Inmates who Reported Prior Sexual Abuse
2. Interviews with Random Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings:

115.52 (d)

PAQ: In the past 12 months:

The number of grievances that were filed that alleged sexual abuse: Two (2)

The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: Two (2)

Middlesex County Department of Corrections does have administrative procedures to address inmate grievances regarding sexual abuse and is responsible for all administrative procedures to address inmate grievances regarding sexual abuse.

115.52 (e)

PAQ: In the past 12 months:

The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: Zero (0)

Inmates may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Inmates are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.

115.52 (e)

PAQ: In the past 12 months:

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed: One (1)

The number of those grievances in that had an initial response within 48 hours: One (1)

Inmates may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of inmates. If the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of Middlesex County Department of Corrections must document the inmate's decision to decline.

The auditor reviewed the inmate handbook to determine that relevant information is provided. The auditor observed a locked grievance box that is checked daily.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H., Reporting Sexual Misconduct or Sexual Harassment, page (8) (C). Third Party Reporting
2. Examples of Posters
3. Middlesex County Center for Empowerment (Rape Crisis Center) Hotline Number 1-877-665-7273, or *HELP# (*4357#)
4. PREA Hotline (*7732#)
5. Inmate Handbook
6. Inmate Acknowledgement of Prohibition on Sexual Misconduct (Attachment E)
7. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Warden
3. Interviews with Inmates
4. Interviews with Inmates who Reported Prior Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.353 (a)

PAQ: The facility provides inmate's access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving inmates (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible.

Middlesex County Department of Corrections provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Middlesex County Center for Empowerment (Rape Crisis Center) has a Hotline Number, inmates have the ability to call from their phones by dialing (*4357#). Middlesex County Department of Corrections also provides the inmates with a mailing address, email address, telephone number, and PREA hotline number (*7732#). This information is provided as part of the inmate PREA education. For persons detained solely for civil immigration purposes, immigrant services agency information is available to contact the New Jersey Department of Homeland Security.

Inmates acknowledged there are services available outside of this facility for dealing with sexual abuse if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the

information was included in their handbooks and posted on the walls. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.53 (b)

PAQ: The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The facilities inform inmates, prior to giving them access, of the extent to which such communications will be monitored. The facilities enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

Interviews with inmates confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.53 (c)

PAQ: The agency or facility maintains agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Middlesex County Department of Corrections also provides the inmates with a mailing address, email address, telephone number, and hotline number for the Middlesex County Center of Empowerment (Rape Crisis Center). This information is provided as part of the inmate PREA education.

115.53 (d)

PAQ: The facility provides inmates with reasonable and confidential access to their attorneys or other legal representation. The facility provides inmates with reasonable access to their families.

The Warden and PREA Compliance Manager confirmed the facility would provide inmates with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Inmates confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Inmates also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding inmate access to outside confidential support services and legal representation by providing a range of outside support services. No corrective action is required.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, page (8) C. Third Party Reporting
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Warden
2. Interview with the Warden
3. Interview with PREA Compliance Manager
4. Interviews with Inmates

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.54 (a)

PAQ: The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.

Third parties, including parents, other inmates, or any other person may report allegations of inmate sexual abuse or sexual harassment. Parents/Legal Guardians are provided a handbook containing a grievance form and procedures for reporting.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H., Reporting Sexual Misconduct or Sexual Harassment, pages (6-7) Staff Reporting
2. Incident Reports
3. PREA Acknowledgement Statement (Attachment C)
4. Staff PREA Acknowledgement Statement (Attachment D)
5. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Warden
3. Interviews with a Random Sample of Staff
4. Interviews with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.61 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against inmates or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

Mandatory reporting requires all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that

occurred in a facility, whether or not it is part of the agency; 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.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

115.61 (b)

PAQ: Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff 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.

Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.

Apart from reporting to designated supervisors/Wardens, staff 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.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

The PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported the Warden/Designee, IAU and the PREA Coordinator upon receipt of sexual misconduct. These notifications would occur the same day of the allegation.

Middlesex County Department of Corrections requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against an inmate or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Medical and mental health staff is required to inform the inmates at the initiation of services of their duty to report and the limitations of confidentiality. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H., Reporting Sexual Misconduct or Sexual Harassment, page (6) A. Staff Reporting
2. Middlesex County Department of Corrections PREA Policy, Procedure F, Protective Custody or Special Management Housing
3. PREA Form 115.42.1 Isolation Activity Log
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interviews with Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings:

115.62 (a)

PAQ: When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months:

1. The number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: Zero (0)

Middlesex County Department of Corrections requires that upon learning an inmate is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the inmate.

The Agency PREA Coordinator confirmed that immediate actions will be taken to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor; 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.

Any placement or retention of an inmate in a special management housing unit or protective custody housing unit shall be documented in accordance with Departmental policies and procedures.

Inmates placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, education, 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 security, it must document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations

The Warden confirmed when he learns that an inmate is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating the inmate from the inmate from the risk. He confirmed staff should respond immediately to protect inmates at substantial risk of imminent sexual abuse.

Staff confirmed they would immediately separate a potential victim from harm and provide close observation.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure H., Reporting Sexual Misconduct or Sexual Harassment, page (7) A. Staff Reporting, paragraph (6)
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
3. First Responder Guidelines for Sexual Assault
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.63 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: Zero (0)

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 MCDOC.

115.63 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

The Warden and the Department's PREA Coordinator, 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. T

115.63 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Such contacts will be documented within 72 hours of receiving the allegation.

115.63 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)

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

There have been no reports from other facilities related to sexual abuse or harassment of an inmate placed at Middlesex County Department of Corrections. Agency policy serves as the guide should the event ever occur. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure I., Responding to a Report of Sexual Misconduct or Sexual, (A) First Responder Guidelines page (8)
2. Written Policy and Procedures
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manger
2. Interview with the Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.64 (a)**

PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that an inmate was sexually abused: Three (3)

Of these allegations, the number of times the first non-security staff member to respond to the report separated the alleged victim and abuser: Zero (0)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: Zero (0)

Upon receiving notice of an incident of sexual abuse by an inmate, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the inmate is kept safe and kept separated from the perpetrator, immediately notifying the Supervisor, and:

1. Ensure inmate does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation: and
2. Secure the incident area and treat it as a crime scene.

Staff are expected to ensure they can safely take action; getting help if necessary. The alleged victim and alleged perpetrator are to be separated as quickly as possible. If it appears that other individuals were involved, those individuals may require separation as well. Also those who may have witnessed the assault may need to be separated to prevent collaborating on the details of the incident or pressuring the victim to change his/her story.

The first staff discovering an incident of sexual misconduct involving a sexual act will ensure that all efforts are made immediately to preserve and protect the area where the incident occurred making sure that no one is tampering with the scene or any evidence and immediately notifying the supervisor. Bodies are treated as crime scenes and staff first responders will advise, if appropriate, that he/she should not shower, bathe, brush teeth, clean nails, or otherwise clean him/herself, use the bathroom, eat or drink, change clothes or other action that could damage or destroy evidence before it is collected.

Staff will not allow any bedding or sheets to be removed or allow any fluids to be cleaned up. Responders are required to also take note of the victim's appearance and demeanor and make no assumptions but make note of factual observations and document them. Interviews with Staff First Responders confirmed they were knowledgeable of their first responder duties.

115.64 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties.

The auditor reviewed the agency protocol; all areas were covered to include duties for security and non-security staff members. There have been three (3) allegations that an inmate was sexually abused within the last 12 months. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that an inmate was sexually abused.

Do to the postponement of the audit regarding Covid concerns, the number of allegations of sexual abuse/sexual harassment may differ from what was reported on the Pre Audit Questionnaire.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure I., Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, page (8)
2. Written Institutional Plan
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

Interview with the Warden

Interview with the PREA Compliance Manager

Site Review Observation:

Observations during on-site review of physical plant

Findings:

115.65 (a)

PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

In response to allegations of sexual abuse, MCDOC has developed a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and agency leadership.

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 I (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 appropriate 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 were able to relate to the auditor, their responsibilities as first responders. Investigative staff, who were interviewed, related their roles in the investigatory process, including preserving any potential evidence. Medical staff related their role would be to treat any injury, protect the evidence and arrange for the victim to be transported to the hospital for a forensic exam. Mental health staff 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.

The Warden confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The MCDOC Protocol: First Responder Guidelines for Sexual Assault coordinates actions among staff first responders and facility leadership.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Agreement Between County of Middlesex County and A.F.S.C.M. E Council #63 Local 3256
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

1. Interview with the Agency Head Designee (PREA Compliance Coordinator)
2. Interview with the Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.66 (a)

PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.

Middlesex County Department of Corrections does have a collective bargaining agreement with the Board of Chosen Freeholders 3256 Union that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The PREA Coordinator confirmed Middlesex County Department of Corrections has entered into or renewed any collective bargaining agreement. The facility provided the auditor with a copy of the agreement for review.

115.66 (b)

Middlesex County Department of Corrections has entered into or renewed any collective bargaining agreement.

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 inmate 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 statute 4A. 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."

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect inmates from contact with abusers. No corrective action is required.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure B: Department PREA Coordinator and Facility PREA Compliance Managers
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with the Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A
5. Interview with Inmates who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.67 (a)**

PAQ: The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Antonio Jorge

The title(s) of the staff member(s): Sergeant (PREA Compliance Manager)

Retaliation or negative consequences for reporting sexual abuse/ harassment or cooperating with sexual abuse/ harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

The PREA Compliance Manager stated protective measures would be made on a case-by-case basis to ensure that all staff and inmates are being treated fairly. Staffing changes, housing changes, and safety plans would be made as needed. The Warden stated the facility would make housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. The Designated Staff Member Charged with Monitoring Retaliation, he stated the different measures he would take to protect inmates and staff from retaliation would be the same. He confirmed he would initiate contact with inmates who have reported sexual abuse. Contact would occur at least weekly through the treatment team.

115.67 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of inmate or staff who reported sexual abuse and of inmate who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmate or staff. The length of time that the agency and/or facility monitor the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

For a period of ninety (90) days following a report, the PREA Coordinator, along with the respective PREA Compliance Manager, will monitor the treatment of inmate or staff that made a report and the

inmate who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will include, but not be limited to:

1. Inmate disciplinary reports (Behavioral Reviews)
2. Negative staff reviews or requests for transfers
3. Periodic status checks of inmate

The PREA Compliance Manager stated the measures he would take if he suspects retaliation; that includes talking with staff and inmate, interviewing staff and inmate and providing consequences of retaliation. As the Designated Staff Member Charged with Monitoring Retaliation, he stated things he looks for to detect possible retaliation includes staff giving too many consequences. He monitors disciplinary reports and periodic status checks. He stated he would monitor the conduct and treatment of inmate and staff who report the sexual abuse of an inmate or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until an inmate expresses no further retaliation or is released.

Policy states monitoring will include periodic status checks of inmate. The Designated Staff Member Charged with Monitoring Retaliation confirmed monitoring would include periodic status checks.

If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.

The Warden stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including developing a safety plan and providing emotional support from the therapist. The Director stated the different measures he would take to protect inmate and staff from retaliation would include housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. He stated measures he would take when he suspects retaliation would be the same.

Policy states responsibility to monitor will terminate if the allegation is found to be unfounded.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure F: Protective Custody or Special Management Housing, page (6)
2. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

1. Interview with the Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings:

115.68 (a)

PAQ:

The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: Four (4)

The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: Zero (0)

Inmates at high risk of sexual victimization, or who are alleged to have suffered sexual abuse, shall not 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 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.

Any placement or retention of an inmate in a special management housing unit or protective custody housing unit shall be documented in accordance with Departmental policies and procedures.

Inmates placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, education, 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 security, it must document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure J: Investigations; pages (9-10)
2. Records Retention Schedule
3. PREA Compliance Manager/Investigation Checklist (Attachment F)
4. PREA Sexual Assault Review Team (SART)
5. Inmate Notice Investigative Outcome (Attachment H)
6. PREA Incident Review (Attachment I)
7. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with Warden
2. Interview with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.71 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

An internal investigation shall be conducted immediately upon the report of abuse, neglect, and or sexual abuse/harassment. The Warden/designee shall notify the Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation. Information regarding the identity of the victim and the facts of the incident shall be limited to those individuals on a need to know basis consistent with state and federal laws, regulations, statutes, professional licensure and ethical standards.

115.71 (b)

Investigators receive specialized training in sexual abuse investigations involving sexual abuse. The investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings (NIC) through classroom and computer-based training. He confirmed he received the required training.

115.71 (c)

The Middlesex County Prosecutor's Office Investigator gathers all evidence, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The Middlesex County Prosecutor's Office investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. He then travels to the facility to conduct interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse would include interviews, statements, third-party information, etc.

115.71 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

The Middlesex County Prosecutor's Office investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.71 (e)

The facility investigator confirmed when he discovers evidence that a prosecutable crime may have taken place, he consults with prosecutors before conducting compelled interviews.

115.71 (f)

The Middlesex County Prosecutor's Office investigator confirmed he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require an inmate who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.71 (g)

The Middlesex County Prosecutor's Office investigator confirmed the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the Agency PREA Coordinator. He confirmed he documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.71 (h)

The Middlesex County Prosecutor's Office investigator confirmed criminal investigations documented. There was no criminal investigation during the audit period; the investigations are documented in the appropriate incident reporting section.

115.71 (h)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

The Middlesex County Prosecutor's Office investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

115.71 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

All investigations, whether administrative or criminal, must be documented in written reports, which must be retained by the facility for as long as the alleged abuser is incarcerated or employed by the department, plus five years.

115.71 (k)

The Middlesex County Prosecutor's Office investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The Warden and PREA Compliance Manager stated when an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. No investigations of alleged sexual abuse were completed by an outside agency during the last 12 months. This was confirmed through interviews and the PAQ.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure J: Criminal and Administrative Investigations; pages (9-10)
2. Written Policy and Procedures
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

Interview with the facility Investigator

Site Review Observations:

Observations during on-site review of physical plant

Findings:

115.72 (a)

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Middlesex County Prosecutor's Office policy states a report of sexual abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed sexual abuse.

The Middlesex County Prosecutor's Office investigator confirmed he refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure L: Reporting to Inmates, page (11)
2. Notice of Investigative Outcome (Attachment H)
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with Warden
2. Interview with Investigator
3. Interview with Inmates who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.73 (a)

PAQ: The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: Seven (7)
2. Of the investigations that were completed of alleged sexual abuse, the number of inmates who were notified, verbally or in writing, of the results of the investigation: Seven (7)

Following an investigation into an inmate's allegation of sexual abuse occurring in a Middlesex County Department of Corrections facility, the inmate will be informed as to whether the allegation has been determined to be substantiated or unsubstantiated. Such information will be requested from the investigative agency (Middlesex County Prosecutor's Office) in order to inform the inmate.

The Warden confirmed an inmate who makes an allegation of sexual abuse is notified that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Middlesex County Prosecutor's Office Investigator confirmed he is aware that when an inmate makes an allegation of sexual abuse, the inmate must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.73 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: Zero (0)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: Zero (0)

Middlesex County Prosecutor's Office conducts criminal sexual abuse investigations. In the past 12 months there have been on criminal investigations for sexual abuse conducted by the Prosecutor's office.

115.73 (c)

PAQ: Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation of sexual abuse by a staff member that is investigated, determined to be substantiated and the inmate is still residing in a Middlesex County Department of Corrections facility, the PREA Compliance Manager will inform the inmate if the staff member is no longer working at the facility, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented and provided to the inmate.

115.73 (d)

PAQ: Following an inmate's allegation that he/she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation of sexual abuse by another inmate that is investigated, determined to be substantiated and the alleged inmate victim is still residing in a Middlesex County Department of Corrections facility, the PREA Compliance Manager will inform the inmate if the alleged abuser has

been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented and provide to the inmate.

115.73 (e)

PAQ: The agency has a policy that all notifications to inmates described under this standard are documented.

In the past 12 months:

1. The number of notifications to inmates that were made pursuant to this standard: Seven (7)
2. The number of those notifications that were documented: Seven (7)

Notifications will be documented on the Notice of Investigation Outcome (Attachment H) and provide to the inmate.

Do to the postponement of the audit regarding Covid concerns, the number of allegations of sexual abuse/sexual harassment may differ from what was reported on the Pre Audit Questionnaire.

115.73 (f)

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to inmates. No corrective action is required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure L: Discipline, page (10)
2. Disciplinary Sanctions for Sexual Misconduct
3. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

1. Interview with Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.76 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive 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.

115.76 (b)

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0)
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

115.76 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)

Disciplinary sanctions for violations of Middlesex County Department of Corrections 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.

115.76 (d)

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

All terminations for violations of Middlesex County Department of Corrections 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.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure L: Discipline, page (10)
2. Contract Staff/Volunteer Acknowledgement of Prohibition on Sexual Misconduct (Attachment D)
3. Reports to Middlesex County Prosecutor's Office - NA
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interview:

1. Interview with Warden

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.77 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: Zero (0)

The facilities maintain form 115.32 Volunteer and Contractor Receipt of PREA confirming that volunteers and contractors understand the training they have received. The acknowledgement form states the Middlesex County Department of Corrections' zero-tolerance policy and requires that any contractor or volunteer who violates the policy will be terminated and referred for criminal prosecution unless the activity was clearly not criminal.

115.77 (b)

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Warden confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the inmates pending investigation.

Middlesex County Department of Corrections policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Middlesex County Department of Corrections takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates within the twelve-month audit period. Middlesex County Department of Corrections does have contractors or volunteers who come in contact with the inmates.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure L: Disciplinary Sanctions Requirements, page (10)
2. Inmate Disciplinary Report
3. Inmate Disciplinary Hearing Report

4. Housing Unit Placement Form
5. Crisis Intervention Treatment Notes
6. Investigative Outcome
7. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with Warden
2. Interview with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.78 (a)**

PAQ: Inmates are 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. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past 12 months:

1. The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: Zero (0)
2. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: Zero (0)

It is the policy of the New Jersey Department of Corrections that inmates will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that the inmate engaged in inmate on inmate sexual abuse/ harassment. Therapy, counseling, and case management services will be provided to address and correct the underlying reasons or motivations for abuse.

115.78 (b)

In the event a disciplinary sanction for inmate-on-inmate sexual abuse results in the isolation of an inmate, the facility policy requires that inmates in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for inmate-on-inmate sexual abuse results in the isolation of an inmate, inmates in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for inmate-on-inmate sexual abuse results in the isolation of an inmate, inmates in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

1. The number of inmates placed in isolation as a disciplinary sanction for inmate-on-inmate sexual abuse: Zero (0)
2. The number of inmates placed in isolation as a disciplinary sanction for inmate-on-inmate sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of inmates placed in isolation as a disciplinary sanction for inmate-on-inmate sexual abuse, who were denied access to other programs and work opportunities: N/A

Sanctions would be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Isolation is not used as a disciplinary sanction.

115.78 (c)

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

When determining sanctions, an inmate's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Warden confirmed mental disability or mental illness is considered when determining sanctions.

115.78 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

The facility would consider whether to refer the offending inmate to counseling or other interventions designed to address and correct underlying reasons motivations for abuse.

115.78 (e)

PAQ: The agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Inmates will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g)

PAQ: The agency prohibits all sexual activity between inmates. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Middlesex County Department of Corrections inmates may be subject to disciplinary sanctions 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.

Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility would offer the offending inmate participation in such interventions. The Agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of

The Office of Investigations will refer an inmate for criminal prosecution when appropriate. The Agency will discipline an inmate for sexual contact with staff only upon finding the staff member did not consent to such contact.

Isolation is not used as a disciplinary measure for inmate-on-inmate sexual abuse. The Facility prohibits disciplinary action for an inmate reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Middlesex County Department of Corrections has a zero-tolerance policy toward all sexual activity between inmates and may discipline inmates for such activity. The Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Middlesex County Department of Corrections does not utilize isolation. There have been no administrative or criminal findings of inmate-on-inmate sexual abuse at the facility within the twelve month audit period.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for inmates. No corrective action is required.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure D: Screening and Assessment, page (5)
2. Screening and Assessment Tool

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Compliance Manager
3. Interviews with Inmates who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.81 (a)

PAQ: All inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. The

follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

Counselor will develop treatment interventions, determine if further screenings or assessments are indicated and for inmate who have experienced prior sexual victimization, the assigned therapist will begin treatment or make an outside referral within (14) fourteen days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

115.81 (b)

PAQ: All inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of inmates who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Each inmate will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for inmate who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that an inmate previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

115.81 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.81 (d)

PAQ: Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

The PREA Compliance Manager confirmed informed consent from inmates is obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure I: Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, page (8): B. Medical and Mental Health Care Practitioners, page (9)
2. Middlesex County Center for Empowerment (Rape Crisis Center)
3. Staff PREA Acknowledgement Statement (Attachment C)
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Warden
3. Interviews with Inmates who Reported Prior Sexual Abuse
4. Interviews with Security Staff and Non-Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.82 (a)**

PAQ: Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

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 (Rape Crisis Center) during the examination. 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 inmate.

The Warden ensures inmate victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Inmate victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

The PREA Compliance Manager stated the nature and scope of these services would be determined according to her professional judgment and she would provide all services needed.

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Staff were knowledgeable of their first responder duties, including how to take preliminary steps to protect a victim and immediately notifying the appropriate medical and mental health practitioners by following the First Responder Guidelines for Sexual Assault.

115.82 (c)

PAQ: Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

If the inmate has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff shall offer it as soon as possible upon the inmate's return to the facility and shall offer 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 shall notify the inmate upon her return to the facility that they may return to the hospital for this purpose.

Accordingly, medical and mental health evaluations, and as appropriate, treatment must be offered to all inmates who have been victimized by sexual abuse in any facility, even if the abuse did not occur at the MCDOC.

115.82 (d)

PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The victim cannot be 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.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure J: Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, pages (8): B. Medical and Mental Health Care Practitioners, page (9)
2. Middlesex County Center of Empowerment (Rape Crisis Center)
3. Medical and Mental Health Records
4. Treatment Notes
5. Mental Health Status Evaluation
6. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with Inmates who Reported Prior Sexual Abuse A

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.83 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Inmates who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:

1. Facility staff provides emotional support to the inmate through the forensic medical exam process and investigation interviews.
2. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the inmate safe and free from sexual abuse.
3. An assessment by a mental health professional.

4. Mental health counseling as needed considering the preferences of the inmate. Services will be provided by mental health professionals with-in Middlesex County Department of Corrections or an outside provider. The inmate's preferences will be documented.

115.83 (b)

The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.83 (c)

The facility provides victims with medical and mental health services consistent with the community level of care.

115.83 (d)

PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

115.83 (e)

PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided. Middlesex County Department of Corrections does house female inmates.

115.83 (f)

PAQ: Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at local area hospitals.

115.83 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Victim are not 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.

115.83 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The PREA Compliance Manager confirmed a mental health evaluation of all known inmate-on-inmate abusers would be conducted and they would be offered treatment if appropriate. She stated the mental health evaluation would be offered as soon as she is notified.

Middlesex County Center of Empowerment (Rape Crisis Center) shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA standards. Care is consistent with the community level of care.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure O: Data Collection and Review, page (12)
2. Middlesex County Department of Corrections PREA Policy, Procedure N: Sexual Abuse Incident Review, page (11)
3. Incident Reports
4. Sexual Abuse Incident Review
5. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Interviews:

1. Interview with Warden
2. Interview with PREA Compliance Manager
3. Interview with Incident Review Team Members

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.86 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: Zero (0)

A sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

115.86 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: Zero (0)

115.86 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The MCDOC shall 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 review team shall include a designated SJDO, a designated JDO, internal investigator, medical and designated social worker, and the facility PREA Compliance Manager.

Middlesex County Department of Corrections’ incident review team includes the Warden, the PREA Compliance Manager, a Social Worker, a Lieutenant, Medical personnel and a Mental Health professional.

115.86 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

The review team will:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by:
 - Race
 - Ethnicity
 - Gender Identity
 - Lesbian, gay, bisexual, transgender (GLBT) or intersexual identification, status, or perceived status, or
 - Gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
3. Meet at the facility where the alleged incident occurred, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing patterns during certain shifts;
5. Assess monitoring technology adequacy; and
6. Document any recommendations for improvement, or reasons for not doing so.

The Warden and PREA Compliance Manager confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacies of staffing levels in the area are assessed for different shifts. He confirmed the PREA Incident Review Team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement.

115.86 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure O: Data Collection and Review, page (12)
2. U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form
3. Annual Survey of Sexual Violence
4. Annual Data Review
5. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
6. Survey of Sexual Victimization Substantiated Incident Form

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.87 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The MCDOC shall 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.

115.87 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated incident-based sexual abuse data.

115.87 (c)

PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.87 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

DOC maintains, reviews, and collects data as needed from all available incident-based documents, including report and investigation files. Middlesex County Department of Corrections maintains sexual abuse incident reviews.

115.87 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with SSV reporting regarding content.

Middlesex County Department of Corrections does not contract with other facilities for the confinement of its inmates.

115.87 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The DOJ did not request Middlesex County Department of Corrections to provide all such data from the previous calendar year.

Middlesex County Department of Corrections collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form. The Agency maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.

Standard 115.88: Data review for corrective action**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Taking corrective action on an ongoing basis?

Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure O: Data Collection and Review, page (12)
2. Annual Data Review
3. Annual Facility PREA Report
4. Annual PREA Report

5. Middlesex County Department of Corrections Pre-Audit Questionnaire responses

Document (Corrective Action):

1. Annual Reports published at:
<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Interviews:

1. Interview with the Agency Head Designee (PREA Compliance Coordinator)
2. Interview with the PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.88 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Data will also be sent to 1. Middlesex County Department of Corrections' Director of Quality Improvement to collect and aggregate in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response to policies, practices and training including by preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. A comparison of the current years data and corrective actions with those from prior years and shall provide an assessment of the agencies progress in addressing sexual abuse.

The Agency Head Designee/ PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The agency ensures that data collected is securely retained.

115.88 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports for verification.

115.88 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The report will be approved by the agencies Performance Improvement Committee and annually by the Board of Directors and made available to the public through the web-site or other means as applicable.

The Agency Head Designee confirmed he approves annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the New Jersey Department of Corrections & Youth Services at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.88 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The PREA Coordinator stated all identifying information is redacted from the report; auditor observed no personal identifiers were included in the annual report.

In compliance with PREA Standard §115.89, regarding publication of aggregated sexual abuse data, the Middlesex County Department of Corrections reports no incidents of Sexual Victimization on the 2015 U.S. Department of Justice Survey of Sexual Victimization. Middlesex County Department of Corrections continues to educate all staff, inmates, contractors, and volunteers on PREA and the importance of protecting inmates in confinement facilities from sexual abuse.

115.88 (a-d)

The agency developed an annual report according to the standard requirements. The annual reports were published at: <http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. Corrective action has been completed.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Department of Corrections PREA Policy, Procedure A: PREA, Sexual Misconduct, Sexual Harassment, General, pages (1-12)
2. Written Policy and Procedures
3. Annual PREA Report Published on Website Middlesex County Department of Corrections PREA Policy
4. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
5. Annual Reports published at:
<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Interview:

1. Agency Head Designee (Agency PREA Coordinator)
2. PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.89 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.89 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

The auditor observed the annual reports were published on the agency's website and approved by the New Jersey Department of Corrections:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.89 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.89 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.

Middlesex County Department of Corrections maintains sexual abuse data collected pursuant to PREA Standards §115.87 for at least ten (10) years after the date of its initial collection.

The auditor reviewed historical sexual abuse data.

115.89 (b)

The annual reports were published at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action has been completed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, Inmates, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
2. Interviews
3. Research
4. Policy Review
5. Document Review
6. Observations during onsite review of facility

During the three-year period starting on August 20, 2017, and the current audit cycle, New Jersey DOC ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with inmates at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Middlesex County Department of Corrections Pre-Audit Questionnaire responses
2. Policy Review
3. Documentation Review
4. Interviews
5. Observations during onsite review of facility

All Middlesex County Department of Corrections Audit Reports are available for review upon request; going forward will be published on Agency's website at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.403 (f)

The 2017 Final Audit Report is available upon request.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mable P. Wheeler

November 23, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.