

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 12/03/2015

Auditor Information			
Auditor name: Chris Sweney			
Address: P.O. Box 8840			
Email: csweney.prea@gmail.com			
Telephone number: (402) 658 0344			
Date of facility visit: 11/02/2015 to 11/03/2015			
Facility Information			
Facility name: Millicent Fenwick House			
Facility physical address: 369-371 Market Street Paterson, NJ 07501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 973-278-7205			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Lola Patterson			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 64			
Current population of facility: 51			
Facility security levels/inmate custody levels: Minimum - Community Corrections			
Age range of the population: 23-62			
Name of PREA Compliance Manager: Helena Lewis		Title: Treatment Director (PREA Compliance Manager)	
Email address: Hlewis@njaconline.org		Telephone number: 973-278-7205	
Agency Information			
Name of agency: New Jersey Association on Correction			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 986 South Broad Street Trenton, NJ 08611			
Mailing address: <i>(if different from above)</i> 986 S. Broad St. Trenton, NJ 08611			
Telephone number: 609-396-8900			
Agency Chief Executive Officer			
Name: Angel Perez		Title: Executive Director	
Email address: Aperez@njaconline.org		Telephone number: 609-396-8900	
Agency-Wide PREA Coordinator			
Name: Helena Tome		Title: Director of Quality Assurance and Training	
Email address: Htome@njaconline.org		Telephone number: 609-396-8900	

AUDIT FINDINGS

NARRATIVE

An audit of Millicent Fenwick House was conducted on November 2nd – 3rd 2015 by Chris Sweney, DOJ Certified PREA Auditor. On Monday November 2nd I was greeted by Helena Tome (Director of Quality Assurance), Lola Paterson (Program Supervisor) and her administrative staff and conducted an in-briefing to discuss the schedule for the onsite audit. Following the briefing, we toured the facility from 0830 hrs. – 1000 hrs. All areas of the facility were toured including food service, program areas, and resident housing. Following the tour staff interviews were conducted including specialty interviews and staff from each shift. A total of 10 staff were interviewed. During the two days on site, ten (17) residents were interviewed. All residents had a very comprehensive level of knowledge with regard to the PREA standards. Security and other staff were very knowledgeable about PREA, first responder responsibilities, and preservation of evidence. All applicable standards were thoroughly reviewed, verified, and found to be compliant.

DESCRIPTION OF FACILITY CHARACTERISTICS

Millicent Fenwick House, located in Patterson New Jersey, is a residential community release program for female residents with substance abuse and mental health issues. The maximum capacity at this facility is 50 residents. Millicent Fenwick House is accredited by the American Correctional Association (ACA). The Fenwick House is in close proximity to bus stops and the Paterson Train Transit Center. The facility consists of two connecting buildings, divided into three floors in the 371 building and three floors in the 369 building. The “B-Side”, 369 Market St., contains twelve bedrooms, six bathrooms, and a basement. The “A-Side”, 371 Market St., contains six bedrooms, three bathrooms, a resident lounge, a kitchen, a dining room, two administrative offices, a common area with resident computers, TV room, laundry room, four case management offices, a supervised holding area and a central control area. The central control area is staffed 24 hours per day and is located at the primary entrance of the facility. All movement in and out of Millicent Fenwick House is monitored from this location. Millicent Fenwick House is certified annually by the NJDOC, meets all applicable Federal, State, and Local license requirements, and is compliant with all sanitation, health, and fire codes. The facility is smoke-free, equipped with fire alarms and sprinklers, and contains a back-up generator. The front door of the main building is equipped with an alarm system, and the central control room contains recordable surveillance cameras. The program is equipped with 2 recordable camera systems. Samsung SDRC7530D 1080P has 16 active high resolution cameras and DVR with 1gb of storage capacity. The Night Owl K16850D system has 9 active cameras and DVR with 500mb of storage capacity. The cameras provide essential visuals on both the interior and exterior of the facility.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Millicent Fenwick House has a policy mandating zero tolerance from all forms of sexual abuse and harassment. Their policy includes information on how to prevent, detect, and respond to incidents of sexual abuse and harassment. (590-64.1 NJAC PREA POLICY 7E-04)

The Fenwick house Treatment Director is also their designated PREA Compliance Manager. (NJAC Org Chart- PREA) The Compliance Manager has sufficient time and authority to develop, implement, and oversee the facilities efforts to comply with the PREA standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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This standard does not apply, the Millicent Fenwick House does not contract with other entities to house their residents.

Standard 115.213 Supervision and monitoring

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

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The Millicent Fenwick House has a staffing plan which meets the components outlined in this standard. Their staffing plan is reviewed on an annual basis and adjusted as necessary. (Annual Budget and Staffing Plan reviews) Policies are in place to sufficiently staff the facility. Deviations from the staffing plan are documented and forwarded to the Program Director. (590-64.1 NJAC PREA POLICY 7E-04 Pg. 4-5)

Standard 115.215 Limits to cross-gender viewing and searches

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

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The Fenwick House does not conduct cross-gender strip searches or cross-gender visual body cavity searches. All Male staff are trained to professionally conduct and document cross-gender pat searches in case it is necessary during an emergency. (590-64.1 NJAC PREA POLICY 7E-04 Pg. 4-5) The Fenwick House is a Female only facility. Female staff are available twenty-four hours a day seven days a week.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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The Fenwick House takes steps and has a policy (590-64.1 NJAC PREA POLICY 7E-04 Pg. 4-5) which ensures residents 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 Fenwick House provides residents a handbook which is available in English and Spanish, they have a contract with Passaic County Women’s Center which provide other interpretive services. (MOU-Millicent Fenwick House and Passaic County Women’s Center) Additionally, the facility has several bilingual staff and their PREA posters and brochures are available in English and Spanish.

Standard 115.217 Hiring and promotion decisions

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

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corrective actions taken by the facility.

The Fenwick House does not hire or promote anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (590-64.1 NJAC PREA POLICY 7E-04 Page 6) NJDOC completes criminal background checks on all new employees, contract staff and volunteers before they are allowed to have contact with residents. Criminal background checks are repeated every five years for current employees, contract staff and volunteers. All applicants complete a "PREA Disclosure" consistent with this standard as part of the application process. Nothing found in policy prohibits NJAC from provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested from an institutional employer for whom such employee has applied to work

Standard 115.218 Upgrades to facilities and technologies

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

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The Fenwick House considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. Protect of residents from sexual abuse through the installation of electronic surveillance and other technology is also consider. (590-64.1 NJAC PREA POLICY 7E-04 Page 7)

Standard 115.221 Evidence protocol and forensic medical examinations

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

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The Fenwick House does not conduct administrative or criminal investigations. Policies are in place which require employees to full cooperate with investigations conducted by the New Jersey Department of Corrections or local law enforcement. (590-64.1 NJAC PREA POLICY 7E-04 Page 8) NJAC policy indicates that any victim of sexual abuse would be taken to St. Joseph's Regional Medical Center which is approved by the New Jersey Department of Corrections to assess, treat, provide prophylaxis, and gather forensic evidence without financial cost to residents. Examinations areperformed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House has a policy (590-64.1 NJAC PREA POLICY 7E-04 Page 8) which ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Staff and resident interviews demonstrated a thorough understanding of this policy.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House provides all staff with initial and ongoing training which includes their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, inmates' right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation, abuse and all other components of this standard. Employee training is documented and maintained in the employee's personnel file. Staff interviews verified a comprehensive understanding of PREA related training. (590-64.1 NJAC PREA POLICY 7E-04 Page 9 - 10)

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Volunteers and contractors are given information about PREA prior to having contact with residents. Training for volunteers and contractors is documented and maintained. (590-64.1 NJAC PREA POLICY 7E-04 Page 10) Training documents (Vendor Zero Tolerance Sign-off, Staff Training Sign-off PCWC and PREA) and volunteer and contract staff interviews showed awareness of their responsibilities as outlined by these standards.

Standard 115.233 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents housed at the Fenwick House are transferred from other NJDOC facilities. Resident interviews revealed that PREA related information is being provided several times before they are assigned to the Fenwick House. During the intake process residents are provided with information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, 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. Information is available in multiple formats and languages (English Resident Handbook, Spanish Resident Handbook, Resident PREA Poster English/Spanish) The Fenwick House maintains documentation of formal education sessions in the resident’s file. Additionally, PREA related information is posted in all housing areas. Residents were very aware of the PREA standards.

Standard 115.234 Specialized training: Investigations

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

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The Fenwick House does not conduct investigations of sexual abuse or sexual harassment. All incidents are forwarded to the New Jersey Department of Corrections (NJDOC) for investigation. (590-64.1 NJAC PREA POLICY 7E-04 Page 10) All NJDOC investigators receive specialized PREA training. (NJDOC PREA investigator training curriculum)

Standard 115.235 Specialized training: Medical and mental health care

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

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The Fenwick House does not have medical staff on site. Any victim of sexual abuse would be taken to St. Joseph's Regional Medical Center which is approved by the New Jersey Department of Corrections to provide SAFE and SANE services.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House screens all residents for risk of victimization and abusiveness during the intake process. The screening is completed within the first twenty-four (24) hours of arrival at the facility. The screening instrument includes all criteria outlined by this standard. (NJAC PREA Screening Checklist)

Within the first thirty (30) days of arrival at the facility, staff reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. (NJAC PREA Screening Checklist)

Residents are not disciplined for refusing answer questions during the screening process.

Information obtained during the initial assessment and reassessment is placed in the residents file. Only authorized staff have access to these files. (590-64.1 NJAC PREA POLICY 7E-04 Page 11)

Standard 115.242 Use of screening information

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

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The Fenwick House uses information from the resident's risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Transgender or intersex resident's housing and programming assignments are consider on a case-by-case basis, placement considers the resident's health and safety, and whether the placement would present management or security problems. Transgender or intersex resident's placement is reassessed as needed.

Transgender or intersex resident's own views with respect to his or her own safety is given consideration.

Transgender and intersex resident's are given the opportunity to shower separately from other inmates.

The Fenwick House does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units based solely on identification or status. (590-64.1 NJAC PREA POLICY 7E-04 Page 12)

Standard 115.251 Resident reporting

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

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The Fenwick House provide multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all living units and common areas. Reports may be made verbally to a staff member. In writing to a Supervisory and Management Staff . Phone numbers are provided for the Passaic County Women’s Center Hot-line and the New Jersey Ombudsman’s office. (590-64.1 NJAC PREA POLICY 7E-04 Page 12, Resident Handbook, PREA Posters)

Standard 115.252 Exhaustion of administrative remedies

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

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The Fenwick House does not impose a time limit when a resident submits a grievance regarding an allegation of sexual abuse. nor does it require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Resident who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The Fenwick House insures the grievance is not refereed to the staff member who is the subject of the complaint. The Fenwick House issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

This time period does not include time consumed by residents in preparing any administrative appeal. The Fenwick House may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Fenwick House notifies the resident in writing of any such extension and provides a date by which a decision will be made.

If the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. (590-64.1 NJAC PREA POLICY 7E-04 Page 13-14)

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, 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.

If the resident declines to have the request processed on his or her behalf, the Fenwick House document the resident's decision. (590-64.1 NJAC PREA POLICY 7E-04 Page 13-14)

The Fenwick House has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Staff immediately forward the grievance to a level of review at which immediate corrective action is taken. An initial response is provided within 48 hours, and a final decision is made within 5 calendar days. (590-64.1 NJAC PREA POLICY 7E-04 Page 13-14)

Standard 115.253 Resident access to outside confidential support services

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

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The Fenwick House provide residents with access to outside victim advocates for emotional support services related to sexual abuse. residents are provided mailing addresses and toll-free telephone numbers. The Fenwick House has a signed MOU with the Passaic County Women's Center to provide these services. Residents were aware of the extent to which such communications are monitored. (590-64.1 NJAC PREA POLICY 7E-04 Page 14 – 15)

Standard 115.254 Third-party reporting

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

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The Fenwick House has processes to receive third-party reports of sexual abuse and sexual harassment. Information on how to make a third-party report is posted in the visiting area and on the NJAC web-site. (590-64.1 NJAC PREA POLICY 7E-04 Page 15)

Standard 115.261 Staff and agency reporting duties

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

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The Fenwick House requires all staff to immediately report and document sexual abuse and sexual harassment. All components of this standard were verified in policy and staff interviews (590-64.1 NJAC PREA POLICY 7E-04 Page 15)

Standard 115.262 Agency protection duties

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

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The Fenwick House takes immediate action to protect offenders that are at a substantial risk of sexual abuse. (590-64.1 NJAC PREA POLICY 7E-04 Page 16)

Standard 115.263 Reporting to other confinement facilities

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

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The Fenwick House has policies that address allegations that a Resident was sexually abused while confined at another facility, the policy requires the head of the facility to notify the head of the agency where the incident is alleged to have occurred. This notification is made within 72 hours of receiving the information and documented. The Program Manager was able to articulate this information during his interview. (590-64.1 NJAC PREA POLICY 7E-04 Page 16)

Standard 115.264 Staff first responder duties

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

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The Fenwick House provides training to all first responders which covers all components of this standard. Staff interviews confirmed a thorough understanding of their responsibilities. (590-64.1 NJAC PREA POLICY 7E-04 Page 16-17)

Standard 115.265 Coordinated response

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

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The Fenwick House has a coordinated response plan which includes first responders, medical and mental health practitioners, investigators, and facility leadership. (590-64.1 NJAC PREA POLICY 7E-04 Page 16-17)

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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The Fenwick House has space and ability to protect residents from known abusers. Nothing is in place that would hinder the protection of an resident from a staff member. (590-64.1 NJAC PREA POLICY 7E-04 Page 17)

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House has policies and processes in place to protect inmates and staff who report sexual abuse. Those that report are monitored for at least 90 days; the policy allows the monitoring period to be continued if necessary. (590-64.1 NJAC PREA POLICY 7E-04 Page 17) The PREA Coordinator is responsible for monitoring for retaliation.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House does not conduct investigations of sexual abuse or sexual harassment. All incidents are forwarded to the New Jersey Department of Corrections (NJDOC) or other outside law enforcement for investigation. (590-64.1 NJAC PREA POLICY 7E-04 Page 18) All NJDOC investigators receive specialized PREA training.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Fenwick House employees do not conduct any type of investigation. The New Jersey Department of Corrections (NJDOC) is responsible for all criminal and administrative investigations. NJDOC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (590-64.1 NJAC PREA POLICY 7E-04 Page 18)

Standard 115.273 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The New Jersey Department of Corrections (NJDOC) is responsible for informing offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the resident to discuss the findings. Processes are in place to notify an offender of the outcome of an investigation involving staff sexual misconduct. (590-64.1 NJAC PREA POLICY 7E-04 Page 18)

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House has a policy that addresses staff sexual misconduct. (590-64.1 NJAC PREA POLICY 7E-04 Page 19) Sanctions include termination and criminal prosecution. Investigations are completed even if the employee chooses to resign. Staff were very aware of the consequences of sexual misconduct with a resident.

Standard 115.277 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House has policies in place to address contractors or volunteers that may engage in sexual abuse of an offender. (590-64.1 NJAC PREA POLICY 7E-04 Page 19) Volunteers and contractors receive training regarding the consequences of such activities. Additionally, all visitors to the Fenwick House are required to sign for PREA related information. The volunteers interviewed were able to articulate this information.

Standard 115.278 Disciplinary sanctions for residents

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House has policies which address discipline for residents that engage in sexual abuse. (590-64.1 NJAC PREA POLICY 7E-04 Page 19) All components of this standard were demonstrated in policy and staff and offender interviews.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon receiving a report of sexual abuse, the Fenwick House does not restrict access to emergency medical treatment. Victims are transferred to St. Joseph's Regional Medical Center and attended to by qualified medical staff at no charge. Victims of sexual abuse receive medical attention regardless of whether the victim names the abuser or cooperates with any investigation. (590-64.1 NJAC PREA POLICY 7E-04 Page 19)

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House provides resident victims of sexual abuse, unimpeded access to emergency medical treatment and crisis intervention services. Resident victims of sexual abuse are offered timely information about and access to sexually transmitted diseases. Services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation. (590-64.1 NJAC PREA POLICY 7E-04 Page 19)

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Reviews are completed within 30 days of the conclusion of the investigation. The review team include upper-level management staff, investigators, the PREA Coordinator and medical or mental health practitioners. The review team looks at all aspects that may have contributed to the incident including staffing levels and camera placement, policy needs, and motivating factors. The review team's findings and recommendations are documented. (590-64.1 NJAC PREA POLICY 7E-04 Page 20)

Standard 115.287 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Data is aggregated and reviewed annually. The Fenwick House maintains, reviews and collects data as needed from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews. (590-64.1 NJAC PREA POLICY 7E-04 Page 20)

Standard 115.288 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Fenwick House reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual PREA Audit Report

Standard 115.289 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

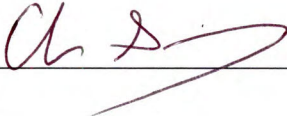
The Fenwick House retains all documentation related to cases of sexual abuse and data collected as a result of these incidents. Annual reports are submitted to NJAC corporate headquarters and posted on the NJAC website. (590-64.1 NJAC PREA POLICY 7E-04 Page 21, Sexual Violence Survey, PREA-Sexual Abuse Data Collection Form)

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.

Chris Sweny



Auditor Signature

12/14/2015

Date