

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 04/19/2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
Address: PO Box 4068, Deerfield Beach, FL 33442-4068			
Email: bobbi.pohlman@us.g4s.com			
Telephone number: 954-818-5131			
Date of facility visit: March 15 – 16, 2017			
Facility Information			
Facility name: Juvenile Medium Secure Facility			
Facility physical address: 99 West Burlington Street, Bordentown, NJ 08505			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 609-324-6000			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Dr. Christian Nnajiolor, Superintendent			
Number of staff assigned to the facility in the last 12 months: 267			
Designed facility capacity: 163			
Current population of facility: 70			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 14-21			
Name of PREA Compliance Manager: Dr. Christian Nnajiolor		Title: Superintendent	
Email address: Christian.nnajiolor@jjc.nj.gov		Telephone number: 609-324-6004	
Agency Information			
Name of agency: New Jersey Department of Public Safety - Juvenile Justice Commission			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1001 Spruce Street, Trenton, NJ 08625			
Mailing address: <i>(if different from above)</i> PO Box 107, Trenton, NJ 08625-0107			
Telephone number: 609-292-1400			
Agency Chief Executive Officer			
Name: Kevin M Brown		Title: Executive Director	
Email address: kevin.m.brown@jjc.nj.gov		Telephone number: 609-292-1400	
Agency-Wide PREA Coordinator			
Name: Luis A. Valentin		Title: Chief of Employee Relations & Legal Affairs	
Email address: luis.valentin@jjc.nj.gov		Telephone number: 609-341-3196	

AUDIT FINDINGS

NARRATIVE

The Juvenile Medium Security Facility (JMSF) received an on-site PREA audit beginning March 16, 2017 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the auditor sent to the facility the Audit Notices in both English and Spanish to be posted at the facility in areas that were accessible to both residents and staff. The facility provided to the auditor, within 4 weeks of the audit, a completed Pre-Audit Questionnaire and flash drive which contained all requested documents. One week prior to the audit, the auditor contacted the Superintendent and reviewed the daily itinerary, as well as requested additional documents to be made available upon the auditor's arrival. These documents included a list of staff and residents from which the auditor would select interviewees.

The auditor met with Superintendent/PREA Compliance Manager Dr. Nnajiolor, Juvenile Unit Supervisor Shaniqua McRae, and Lt. Eric Spierer on March 16, 2017. The discussion included the daily activities for the one day on-site audit, interviews, tour of the facility, additional documentation request time frames, and the process of the final report. Additionally, the Agency-wide PREA Coordinator, Chief of Employee Relations & Legal Affairs Luis A. Valentin was present for a portion of the audit.

A tour of the facility was conducted. The two building facility consists of the North Building and the South Building. There are 93 cameras at this facility that can be observed in the North Central Control, South Central Control and North Computer Lab. The auditor observed information posted throughout the facility contained information on staying safe and how to report sexual abuse and sexual harassment, and the pre-audit notice was posted in a variety of areas of the facility that both residents and staff had access to view.

Immediately following the tour, the auditor reviewed the list of staff and residents. The auditor selected at random both staff and residents to interview. Interview selection included 11 residents, 13 random staff, and 10 specialized staff positions. The auditor also conducted a phone interview with the Agency Head, Human Resources, and the Investigator.

At the conclusion of March 17, 2017, an exit meeting was held to discuss concerns that had been addressed during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Juvenile Medium Secure Facility (JMSF) is located in Bordentown, New Jersey. The Juvenile Medium Secure Facility was built in 1964 and was taken over by the New Jersey Department of Corrections in 1983. In 1996, the New Jersey Juvenile Justice Commission was established and took control of all juvenile residents in the state. This facility is referred to as JMSF North Compound and houses Level III adjudicated youth. In 2000, the Juvenile Reception and Assessment Center was built directly behind JMSF North Compound. This state-of-the-art secure care reception facility is now referred to as JMSF South Compound and also houses Level III adjudicated youth. Both JMSF North and South Compound sit within a secure fence on the grounds of the former Bordentown School.

Opened in 1886, the Bordentown School, also known as the New Jersey Manual Training School for Boys, was opened in 1886. It was the only state supported, all African American, co-ed school north of the Mason-Dixon Line. It was known as the “Tuskegee of the North” for its adoption of many of the educational practices first developed at the Tuskegee Institute in Alabama. In 1902 the Bordentown School moved to what is now referred to as the Johnstone Campus.

Founded by African Methodist and Episcopal Minister Walter A. Rice, based on Booker T. Washington’s belief that economic self-sufficiency for African-Americans was necessary before political or civil rights could be secured, the New Jersey Manual Training School for Boys featured a curriculum that was industrial and moral rather than intellectual or “classical”. This co-ed campus, where both teachers and students lived included two working farms, 30 uniquely designed campus buildings built by students and staff, and an auto shop, seamstress department and other vocational instruction sites as well as college preparatory programs. Its academic reputation attracted visiting dignitaries and lecturers, such as physicist Albert Einstein and civil rights activist-actor Paul Robeson. Mr. Einstein not only gave lectures here, he also sponsored scholarships for Bordentown’s brightest students. The Bordentown School was the subject of an acclaimed PBS documentary titled “A Place Out of Time”.

Following the U.S. Supreme Court’s *Brown v. Board of Education* decision in 1954, declaring that the state-mandated “separate but equal” policy for public school was unconstitutional, the Bordentown School was closed in 1955 because it was unable to attract white students and thus would have remained a segregated institution. After closing, the Bordentown School campus became the Edward R. Johnstone Education and Training Center, a rehabilitative center for the developmentally disabled. It was posthumously named in honor of Edward R. Johnstone, a renowned Professor and Superintendent of the Vineland Training School, who set new standards in teacher training, intelligence, testing and training programs for developmentally disabled people. In 1992, the Edward R. Johnstone Education and Training Center was shut down.

JMSF North Compound houses administrative offices, control center, medical clinic, education, social workers, child study team, secure time out room, gymnasium, production kitchen, and vocational areas. There are eight housing wings (A-H) with individual single cell rooms. At the time of the audit, A-Wing, B-Wing, Wing and F-Wing were closed; however B-Wing, E-Wing and F-Wing dayrooms were being utilized for indoor recreation. C-Wing houses the general population, G-Wing houses youth in Protective Custody, D-Wing houses youth on Room Restriction or Temporary Closed Custody Status, and H-Wing is the Mental Health Unit. Each Wing has single cell rooms with toilets and sinks. Showers are provided in a general area and privacy is afforded through shower curtains. There is a phone in unit Wing for youth use. The Grievance box is located in a general area where youth pass many times a day. Each wing had information posted for both youth and staff viewing that included the PREA audit notice and how to report sexual abuse and sexual harassment.

JMSF South Compound houses a control center, laundry, intake, classrooms, conference room, medical, gymnasium, staff dining, kitchen, various offices, and an administrative area. There are six pods (1-6) that provide double bunks, but are used as single rooms. Pod #2 is currently not in use for housing purposes, but the dayroom is used for a variety of activities. Pod # 3 is for youth who are on Behavior Adjustment Unit Status. Each pod has both a toilet and sink in the youth’s room. Showers are provided in a general area and privacy is afforded through shower curtains. There are 3 phones in each pod. The Grievance box is located around the central control and youth pass this area many times a day. Each pod had information posted for both youth and staff viewing that included the PREA audit notice and how to report sexual abuse and sexual harassment. The JMSF South Compound offers full line sight both while in the pod and from outside the pod, offers emergency personal distress units to all staff, and a control booth that allows for full sight of all pods.

Education is offered in both the North and South Compound, along with vocational instruction, five days a week. There are eleven classrooms in the North Compound and four classrooms in the South Compound. After hours tutoring, special programming and religious services are also conducted in classrooms. All youth who do not already have a High School Diploma or General Education Diploma attend school. Youth who already have their Diploma are able to be assigned to

laundry, sanitation, and other special details through the Institutional Classification Committee.

Vocational instruction includes Art, Computer Application, Computer Repair, Barber Shop, Food Service, and a Sign Shop. Both Compounds offer a full gymnasium for indoor recreation that includes weights, basketball, and table tennis. An outdoor recreation area is also on grounds.

Medical and Mental Health Services located in the North Compound and offer routine medical care, routine mental health care, sexual offender counseling, and substance abuse counseling. A medical station and Dental Office are located in the South Compound. Additionally, other local facilities are able to utilize the dental services at this facility.

There are two kitchens at this facility. The kitchen in the North Compound is strictly used to provide meals for all facilities in the area. The South Compound kitchen is run by Food Service, along with youth assigned to assist staff with cooking, preparing and serving meals.

A Child Study team develops Individualized Education Plan and Triennial Evaluations as per New Jersey State Regulations and Standards for student who are eligible for special education and related services. This team prepares social assessment, treatment and goal planning, program recommendations, and probation and parole reports for youth. The Social Assessment evaluates and analyzes high risk offender's social and emotional characteristics and make recommendations as to their individual/family needs. This team provides individual and group counseling sessions based on identified needs and maintains confidential records of session. This team also participates in the organization of workshops, in-services, and meeting for parent, residential and educational staff. This team participates in Special Case reviews, Case Action Plans, and Reentry Meetings in order to represent and advocate on behalf of the special education youth. They also serve as a resource consultant to parents, residents and school staff regarding community services.

Social Services offered to youth include:

- A.R.T. – Moral Reasoning and Skill Streaming Treatment Groups Phoenix Curriculum
- Anti-gang, Anti-violence Curriculum Treatment Groups
- New Freedoms – CBT based Substance Abuse Treatment Curriculum
- Film Club Fridays – focus on building character, overcoming life's obstacles, self-awareness and unity
- Jumpstart – Re-entry program geared towards resident preparation for community integration. The focus is on resume writing, job interview etiquette, typing proficiency, and goal identification through NJCAN on-line programming, workforce learning and Aztec (job readiness)
- Graduate Enrichment Program – offered to high school graduates where they can focus on job skills, social skills and typing proficiency
- CAT (Case Action Team) – Twice monthly meetings to focus on identifying residents' treatment goals and/or challenges and highlight resident progress. Participants include JPATS, Social Services, Education, Resident's family and Mental Health
- Other programming based on scheduling that includes Poetry Slam and Contest, Voter Registration Education, Book Club, On-line College Classes.

For operational effectiveness and safety and security, JMSA offers several different types of statuses of residents.

- General Population Status – Resident's attend school or have jobs. The Incentive – Disincentive System is used to afford residents more privileges based on their levels. Levels are awarded based on a comprehensive weekly scoring system conducted by staff members from all Departments and the number of disciplinary charges incurred by the resident.
- Behavior Adjustment Unit Status (BAU) – BAU provides a structured environment for residents when they pose a threat to their own safety, to the safety of staff or other residents, to property, or to the safe and orderly operation of the secure facility. Programming is completed in smaller groups and they receive extension counseling. After meeting set goal requirements, residents are released back to General Population Status.
- Protective Custody Status (PC) – Both Voluntary and Involuntary – It is the policy of the New Jersey Juvenile Justice Commission to provide specialized housing for residents who require protection from other residents in order to ensure their personal safety, when no other reasonable alternative is available. Residents may request to be placed in PC if they believe that their safety is being threatened in the general population or staff may place a resident if they believe the resident is in danger.
- Temporary Closed Custody (TCC) – TCC is the non-punitive removal of a resident from their regularly assigned

housing for purposes of special observation or investigation.

- Special Observation Status – It is the policy of the New Jersey Juvenile Justice Commission to promptly identify and address risk factors for self-harm and to implement procedures to minimize the potential of suicides occurring with the resident population. Special Observation Status includes Constant Observation, Close Observation, and Sleep Watch.
- Medical Restrictions Status – Residents suffering from illness or injury can be placed on Medical Status to protect both themselves and others. This includes both isolation and lay-in.
- Room Restriction for Control (RRFC) –When necessary to eliminate an immediate and substantial risk of harm to the resident, staff or other residents, or the security of the facility, and all other less restrictive options have been exhausted, a resident may be placed on RRFC only for the time necessary to eliminate the underlying threat.
- Keep Separate Status – Is the intentional assignment of certain residents to different facilities, or units within a facility, to maintain a separation between these residents to prevent the possibility of retaliations because of previous acts or occurrence.

The facility also has a PREA Team and consists of the Superintendent/PREA Compliance Manager, Juvenile Unit Supervisor, Custody Lieutenant, Regional Classification Supervisor, Mental Health Professional, Maintenance Supervisor, Nurse Manager, Business Office Staff, Food Services Supervisor and a teacher.

SUMMARY OF AUDIT FINDINGS

The on-site audit concluded with a meeting between the auditor, the Superintendent/PREA Compliance Manager, Lieutenant, and the Agency-wide PREA Coordinator. The auditor addressed 6 areas where additional information would be needed to make a determination of compliance. Prior to the writing of this report, the facility provided documentation that met the needs of the standard and the auditor for compliance.

Staff interviews confirmed the staff's knowledge of policies, procedures, and practices, as well as expectation of protecting residents. Residents were able to articulate the various methods of reporting sexual abuse and sexual harassment. Throughout the facility, PREA information was visible to both youth and staff.

The auditor thanks the New Jersey Juvenile Justice Commission and staff for their dedication towards compliance with PREA standards. They are welcoming and open to auditor interpretations. It has been this auditor's pleasure to work with this agency and facility. A large debt of gratitude to Lieutenant Spierer for his knowledge of the facility and systems within, including a well conducted tour of the facility.

Number of standards exceeded: 7

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy establishes a zero-tolerance towards all forms of sexual abuse and sexual harassment involving juveniles in its facilities. The Policy includes prohibited behaviors regarding sexual abuse and sexual harassment. The policy addresses strategies and responses used to reduce and prevent sexual abuse and sexual harassment in areas of Screening, Orientation and Training, Hiring and Promotion and Selection of Contractors, Searches, Segregation and Spot Inspections, Reporting, Emergency Procedures, Coordinated Response, Sexual Abuse Allegations, Investigation Procedures, Notifications, Retaliation, Discipline for Violations, Data Collection and Review. This policy also establishes that this policy shall govern if in conflict with another Commission Policy.

Luis A. Valentin, Chief of Employee Relations & Legal Affairs, is the Agency PREA Coordinator and he is recognized on the organizational chart. During an interview, and subsequent contact with Mr. Valentin, his dedication to ensuring the state's compliance with the PREA standards is acknowledged. He has worked diligently to provide appropriate protection to the youth of New Jersey. He reports sufficient time to attend to these duties with the assistance of the Facility PREA Compliance Managers and a PREA team. He has implemented the PREA Executive Committee, which is a team of professionals who convene to address any PREA issues within the state. Mr. Valentin ensures compliance of all facilities through site visits, mock audits, monthly conference calls, and training. When challenges are identified, the PREA Executive Committee meets to discuss the issues, consults with the Executive Director and specialized staff. As a result, changes could be implemented within policy, procedure, and training.

Dr. Christopher Nnajiolor, Superintendent of JMSF, services as the facility PREA Compliance Manager. During the interview, Dr. Nnajiolor stated that the safety of residents and PREA compliance are a priority to him each day. Coordination of the facility's efforts to comply with PREA standards includes training, facility PREA meetings with department heads, PREA checklists, PREA Card, Monitoring systems, and the Executive PREA Committee, which includes the Agency-wide PREA Coordinator. When addressing an issue with PREA compliance, he reports that refresher training, critical incident reviews and a 2-step PREA review team are critical. He reports that the staffing plan is created at the executive level with input from the facility and that the facility ratios meet or exceed the staff to resident daytime ratio of 1:8 and evening ratio of 1:16.

While the facility currently does not have an Assistant Superintendent who is the person who would hold the facility PREA Compliance Manager position, Dr. Nnajiolor has the assistance of Lieutenant Eric Spierer. Lt. Spierer has been at the facility for many years and is familiar with all aspects of operations. He was instrumental in the preparation of documents prior to the audit, obtaining additional information as requested by the auditor during the on-site audit, conducting the tour of the facility during the on-site audit, and assisting with interviews to be conducted without extensive delays.

Standard 115.312 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)

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

The agency does not contract for the confinement of its residents with private entities or other entities, including other government agencies.

Standard 115.313 Supervision and monitoring

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

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

New Jersey Juvenile Justice Commission, Policy 14ED:01.29 (rev 2014), DEVELOPMENT OF POST PLANS IN SECURE FACILITIES: This policy addresses adequate and efficient staffing of officers in programs through the implementation of a standard procedure for the periodic determination and adjustment of Relief Factors and Custody Posts. This policy addresses the need to review for 10 factors of the PREA standard and an annual review of the staffing plan.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that random spot checks be completed by a custody supervisor with a rank of Sergeant or higher, shall conduct and document unannounced rounds. Staff members are prohibited from alerting other staff members unless such announcement is related to a legitimate operational function of the facility. Memo dated November 16, 2016 from Captain Gonzalez requires that unannounced rounds shall be conducted by Supervisors, shall be random and shall be noted in the unit log books, with issues or concerns documented in the tour of duty report.

The Custody Posts and FTE Report was last reviewed September 28, 2016 and was reviewed by the Superintendent, Director of Operations, Chief Budget & Fiscal Officer, Chief Administrative Officer and the Executive Director. The Questionnaire indicates that the facility is obligated by law, regulation or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. This was confirmed with the Superintendent as an obligation of the PREA standards and no other obligation. A review of the staffing plan shows that this ratio is being met. This plan shows staff to resident ratios are never less than 1:6 on both shifts. The Superintendent reports that he provides input to the plan and reviews this as well. During the interview, the Superintendent reported that all components of the standard are addressed in making decisions. The use of hiring voluntary staff for overtime, mandatory voluntary over-time, and pulled posts are used to cover deviations from the staffing plan. A system has been developed to capture overtime and call-outs and he reviews this daily.

Documentation reviewed at the facility shows that unannounced rounds are conducted as required by policy and in compliance with PREA standards.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy prohibits both cross gender searches and cross gender viewing of undressed juveniles, except in emergency situations. In an emergency situation, the search must be ordered by the Superintendent, Assistant Superintendent or the highest ranking custody supervisor on duty. Transgender and intersex searches shall be conducted by a staff of the corresponding gender as the resident and not in the presence of the opposite gender staff.

Superintendents Memo dated May 16, 2015 provides a refresher for all staff on the Opposite Gender Announcements. This memo clearly reminds all staff that “Whenever any staff members enters a housing unit occupied by juveniles of the opposite gender and there are no other opposite gender staff members already present within the housing unit, the entering staff member must immediately announce his/her presence...”. The memo further details that these announcements shall be made on all shifts in such a manner as to alert waking juveniles of your presence and not to awaken sleeping juveniles. Failure to comply may result in disciplinary action.

New Jersey Juvenile Justice Commission, Policy 14CP:09.07 (rev 2014), SEARCH PLAN: This policy requires that all pat searches be conducted by a staff of the same gender of the youth, except in emergency situations with the approval of the Superintendent. Strip searches may only be conducted by a staff of the same gender of the youth and only with the approval of the Director of Community Programs. Strip searches conducted by cross gender staff must have prior approval of the Superintendent. This policy also requires that all searches shall be conducted in a professional and dignified manner, with maximum respect for the resident’s person, and under sanitary conditions.

New Jersey Juvenile Justice Commission, Policy 13ED:01.02A (rev 2013), LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) JUVENILES: This policy was created to provide the highest quality of services to juveniles regardless of actual or perceived sexual orientation, gender identify, or gender expression. The policy allows a transgender or intersex juvenile to be afforded privacy when using a bathroom or shower. This policy also address the prohibition of cross-gender searches and viewing of undressed juveniles except in emergency situations. The policy requires that the Superintendent or designee shall implement procedures permitting transgender and intersex juveniles to request that either a male or female staff member conduct a strip search, if authorized. Such a request shall be granted to the extent consistent with the orderly operation of the facility.

Staff interviews confirm that no cross-gender searches are conducted at the facility. Staff report that if a cross-gender search is needed, this would need to be approved and documented in an Incident Report. Resident interviews confirmed that they are only searched by same gender staff. All staff interviewed confirmed that they have received training on conducting both pat and strip searches; however they only conduct pat searches at this facility when authorized by the Superintendent. Staff interviews found that they were not sure on conducting search of transgender or intersex residents.

All staff reported that female staff make an announcement when they arrive in a housing unit. Residents confirmed through interview that they hear the staff make an announcement. There are posters at each housing unit to remind female staff to make an announcement. A review of all cameras was conducted by the auditor during the tour and no cameras view areas where residents might be showering, changing clothing, or toileting.

Prior to the writing of this report, the Superintendent issued a memo that included agency policy to all staff and conducted
PREA Audit Report

training at briefings to address searches of transgender and intersex residents. A copy of the memo was provided to the auditor.

Standard 115.316 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)

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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy prohibits the use of residents to translate for another youth. The Department of Education, Child Study Team case managers work with residents to identify any special circumstances which indicates the need for special education or related services and ensure that teacher support is provided at the facility (NJAC 6A:15). The agency Office of Education provides for bilingual, ESL and English language education for youth, and these services are available at any time.

New Jersey Department of Human Services, Division of the Deaf & Hard of Hearing has created a referral list for the services of sign language interpreters who have been screening by the Division and/or possess certification offered by the National Registry of Interpreters for the Deaf.

New Jersey Juvenile Justice Commission, Policy 09MS:E.02 (rev 2009), RECEIVING SCREENING – NEW INTAKES: This policy is to identify and meet any urgent health needs of residents admitted to an agency facility; to identify and meet any known or easily identifiable health needs that require medical intervention before the resident’s health assessment; and to identify and isolate residents who appear potentially contagious. This policy requires an initial receiving screening, including a Snellen Vision Screening, at an intake facility that includes identifying and addressing any language barriers (blind, deaf, Limited English Proficient).

The agency has available material in English and Spanish (most common non-English language identified in the facilities). Staff have access to request assistance from the New Jersey Department of Human Services, Division of the Deaf & Hard of Hearing for residents with limited or no hearing. Staff have access to request assistance from the New Jersey Department of Human Services, Commission for the Blind and Visually Impaired for residents who have limited or no sight. Assistance with Limited English Proficient residents would be identified upon intake and interpreters would be obtained through the on-site ELS certified teacher.

Staff interviews confirmed that they are aware of how to obtain the services of an interpreter/translator. They also confirm that residents are not utilized to interpret for another residents. There were no LEP youth or youth with a disability that required additional services due to their disability.

Standard 115.317 Hiring and promotion decisions

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy addresses the specific requirements of hiring and promotion decisions of the agency. The State of New Jersey can consider criminal convictions and pending criminal charges for all applicants. The State of New Jersey may also access state and federal criminal databases to conduct background checks for all applicants. All employees are subject to Child Abuse Record Information (CARI) checks. The agency conducts 5-year background checks for all employees and contractors. A clear background check is a requirement for the issuance of JJC Identification Cards. Material omissions by an employee is subject to termination.

New Jersey Juvenile Justice Commission, Policy 14HR:07.02 (rev 2014), PERIODIC CRIMINAL HISTORY CHECKS: EMPLOYEES, VOLUNTEERS, INTERNS AND CONTRACTORS. This policy requires periodic background checks for staff (every 5 years), for interns (annually), and for contractors (at each contract extension or renewal). A memo dated August 20, 2014 by Executive Director Kevin Brown confirms background checks and material omissions. Criminal history and background checks are required for employees, volunteers, interns and contractors and include information as to whether a person has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility government operated facility for the mentally ill and whether the person has ever been civilly or administratively adjudicated to have engaged in sexual activity in a community facilitated by force, overt or implied threats or force, or coercion, or where the victim did not consent or was unable to consent or refuse. These three questions regarding previous misconduct is documented on the BI-001 form which is required for the completion of a background check.

In an interview with a Human Resources staff, it was confirmed that all new hires and contractors receive a criminal background check that includes a Child Abuse Record Information check. These are the same requirements for any staff who is being promoted. The Pre-Audit Questionnaire indicates that 453 background checks were conducted in the past 12 months – which is agency wide and not facility specific. It was also confirmed through interview that five year background checks are conducted. The agency has also imposed on employees a continuing affirmative duty to disclose any sexual abuse, conviction or civil/administrative adjudication to have engaged 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 staff also confirmed that the agency cannot provide information about substantiated allegations of sexual abuse or sexual harassment involving a former employee unless by attorney petition.

A review of the files of security staff, civilian, and contractors who were interviewed found that all staff have received a criminal background check in the past five years.

Standard 115.318 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)

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.

There were no newly designed or substantial expansions or modifications of the existing facility. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. This was

confirmed based on information from the Pre-Audit Questionnaire and interview with the Superintendent. It is noted that there is current discussion on the addition of 131 cameras at JMSF North and South combined. A pre-bid meeting was held on March 8, 2017 and the memo addresses that the locations chosen will eliminate any questionable blind spots that may have existed, a clear indication that the safety of both residents and staff are taken seriously at JMSF. This standard is N/A.

Standard 115.321 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)

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.

New Jersey Juvenile Justice Commission, Policy 13OOI:01.04 (rev 2013), EVIDENCE COLLECTION, CONTROL AND SECURITY: This policy requires the Office of Investigations to investigate allegations of sexual abuse. Investigators shall utilize the Uniform Evidence Protocol in the New Jersey State Police Evidence Field Manual.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy requires a uniform evidence protocol is utilized that meets the requirements of the standard. This policy also authorizes the Chief to utilize external law enforcement agencies, and/or the assistance by such agencies, in the investigation of sexual offenses.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. All residents are offered a forensic medical examinations, that include a Sexual Abuse Nurse Examiner and at no financial cost to the youth. A victim advocate is available as requested, and the advocate is available for all interactions during the examinations, investigatory interviews and for additional support and crisis services.

Memo dated June 18, 2014 by Chief Operating Officer Jeffery Dickert, PHD of Rutgers University Behavioral Health Unit confirms that residents are not charged nor responsible for a co-pay for any medical, mental health or forensic services. This memo also reminds that forensic medical services are provided through the Sexual Assault Response Team (SART) of each county Prosecutor’s Office, and the county-based Sexual Assault Nurse Examiners (SANE) program.

Memo dated March 9, 2017 from Superintendent Nnaji for provides that there are five Qualified Mental Health Professionals available to provide services to youth who have received training through Rutgers University Behavioral Health Unit.

A list of county Sexual Violence Programs is available. Included is the name of the Burlington County Coordinator for forensic services. These services are provided at Virtua Memorial Hospital in Mt. Molly, NJ or Lourdes Medical Center in Willingboro, NJ. For this facility, a Victim Advocacy Hotline is available and goes directly to CONTACT of Burlington County – who provide specially trained confidential advocates who offer both telephone support and accompaniments at hospitals, police stations, and court.

Standard 115.322 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy details all types of sexual allegations shall be investigated and details the conduct of such investigations. All allegations of sexual abuse or sexual harassment are referred to the Office of Investigators for investigation. The PREA policy that identifies the investigation process can be found at the states website: www.nj.gov/lps.jjc.prea.html.

The Pre-Audit Questionnaire and the facility PREA Tracking Log indicate that there have been 91 allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through interview with both the Agency-wide PREA Coordinator and the Facility PREA Compliance Manager. A review of a sample of these files indicates that each received an investigation by either the Facility Investigator or the Office of Investigations Investigator. The investigator’s interview confirmed that policy requires all allegations of sexual abuse and sexual harassment to be investigated. The Office of Investigations (OOI) conducts investigations and consults with the prosecutor’s office for further direction if an investigation is chosen for prosecution.

Standard 115.331 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy identifies training that is appropriate to gender for all staff and requires additional training if a transfer of staff assignment. The training, developed by the Director of Operations, in consultation with the Supervisor of Rehabilitative and Treatment Services and the Director of Training, includes: Staff member responsibilities, juvenile rights, the Request & Remedy Process, common aspects of sexual abuse and reactions of victims of sexual abuse, detection of sexual abuse, distinguishing consensual sexual contact from sexual abuse between juveniles, avoiding inappropriate relationships with juveniles, sensitivity training on communicating effectively and professionally with LGBTQI and gender nonconforming juveniles, and compliance with the mandatory reporting. Training for staff is an initial training and two-year refresher training. Training Curriculum: PREA – Addressing Sexual Abuse of Youth in Custody – addresses the zero tolerance policy, fulfilling staff responsibilities, residents’ rights, dynamics of sexual abuse/harassment, common reactions of victims, detecting and responding to signs of threatened and actual sexual abuse, inappropriate relationships between staff and youth, mandatory reporting duties, and other relevant laws regarding the age of consent.

Training records were reviewed for staff selected for interview. Documents indicate that PREA training was conducted in the past 24 months and staff signed a Training Acknowledgment and Policy Receipt indicating that they are acknowledging that they have received and understand training on the Agency’s zero-tolerance policy, their responsibilities, resident’s rights,

dynamics and common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, effective and professional communication with residents including LGBTI or gender non-conforming residents, how to comply to relevant laws related to mandatory reporting of sexual abuse and relevant laws regarding the applicable age of consent. Refresher training records indicate that PREA topic is covered in each monthly meeting for all departments. Meeting minutes and sign in rosters verified the refresher training.

Gender specific training and training on the LGBTQI policy was provided to all staff in 2015 and rosters were provided showing staff participation.

Interviews with staff confirm that they receive formal PREA education every two years and other PREA training throughout every year. Staff reported during interviews that all topics within the standard are provided during the formal refresher training. More importantly, all staff interviewed had their PREA Reference Card with them that gives the basics of what to do if there is a sexual abuse or sexual harassment allegation.

However, during the interviews staff were unclear on the New Jersey Child Abuse Laws. Prior to the writing of this report, the facility conducted staff training on March 16, 2017 that included both New Jersey Abuse Laws and Mandatory Reporting Laws.

Standard 115.332 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that all volunteers and contractors shall be trained in sexual abuse and sexual harassment prevention, detention, and response policies and procedures at a level and type provided be based on the services they provide and level of contact with they have juveniles. At a minimum, volunteers and contractors shall be notified of the zero-tolerance policy and how to report such incidents.

New Jersey Juvenile Justice Commission, Policy 14HR:07.02 (rev 2014), CRIMINAL HISTORY CHECKS: CIVILIAN EMPLOYEES, VOLUNTEERS, INTERNS AND CONTRATORS; CARI CHECKS: The policy requires that all volunteers and contractors receive training appropriate to their level of contact with youth. Those contractors, volunteers or interns who work directly with residents are required to complete the full PREA training that is required of state staff. This documentation is maintained through volunteer/contractor signature.

There are 453 volunteers agency-wide. There are both contractors and volunteers at this facility. An interview with one volunteer found that she has completed PREA training and signed an acknowledgment form. She also reported that she receives annual PREA background checks. Documentation presented showed that the volunteer has completed all training as required by policy and PREA standards.

Standard 115.333 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that all youth receive at the time of screening the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Juvenile orientation shall occur within 10 days of admission to the facility and it shall be age appropriate and offered either in person or through video (Keeping our Kids Safe). Topics that will be covered include: the zero-tolerance policy, acceptable and appropriate behaviors for youth, reporting procedures, Request & Remedy process, and access to the Commission’s Ombudsman. A Resident Handbook shall also be provided to youth and shall include material clearly describing all material rights, privileges services programs, and obligations of juveniles under the Prison Rape Elimination Act and the policy. Materials are required to be maintained in both English and Spanish. Additional translation services are available as needed.

The Department of Education, Child Study Team case managers work with residents to identify any special circumstances which indicates the need for special education or related services and ensure that teach support is provided at the facility (NJAC 6A:14). The agency Office of Education provides for bi-lingual, ESL and English language education for youth, and these services are available at any time. The agency has available material in English and Spanish (most common non-English language identified in the facilities). Staff have access to request assistance from the New Jersey Department of Human Services, Division of the Deaf & Hard of Hearing for residents with limited or no hearing. Staff have access to request assistance from the New Jersey Department of Human Services, Commission for the Blind and Visually Impaired for residents who have limited or no sight.

Staff interviews found that there are three timeframes to be met when a resident first arrives – Orientation, Medical Screening and PREA Screening. The Orientation is required the first day, the medical screening is required within 4 hours, and the PREA screening is required within 72 hours. The New Jersey Department of Law & Public Safety JJC Brochure “Resident’s Guide to the Prison Rape Elimination Act” is provided to residents at the time of intake. This guide details that reports can be made through the PREA Complaint Form, telling a staff, the sexual abuse hotline, and the Commission’s Ombudsman. Residents are also provided the Resident Handbook. The Resident’s Handbook was reviewed and contains a page with a variety of reporting methods that include: writing or telling staff, Request & Remedy process, to the Ombudsman, through the facility sexual abuse hotline, and through the agency website. Additionally, all residents see the “Keeping our Kids Safe” video and receive the Resident Training by PowerPoint Presentation. Resident interviews confirmed that they receive PREA information on the first day of the arrival at the facility and this was confirmed by a file review that included the Acknowledgement Signature Sheet signed by youth that indicates that they have received orientation and instructions on PREA.

During the tour the auditor observed PREA information posted in the facility. “Speak Up, Get Help” and “Healthy Boundaries” posters encourage youth to report sexual abuse and sexual harassment and provide methods of reporting. PREA Banners were created by the residents and were visible in the facility. It is noted that posters were updated with new reporting information.

Standard 115.334 Specialized training: Investigations

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy identifies specialized training for investigators. Specifically this policy identifies PREA Investigative Training shall be provided to all facility Superintendents, Assistant Superintendents, Juvenile Correctional Officers of the rank of Lieutenant or above, and Community Program Regional Administrators. The policy also requires that investigations shall be assigned only to designated investigating staff who have received PREA incident investigation training

Curriculum “Facility PREA Investigations” was reviewed. The review of the curriculum indicates that it covers interviewing techniques, Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

An interview with the investigator confirmed that he has received the appropriate standard employee PREA training and the specialized PREA training. He reported that the training includes interviewing techniques, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and the criteria to substantiated a case for administrative or prosecution referral. The Moss Group conducted Train-the-Trainer classes in 2014 for select individuals. Sign-in rosters were provided and show that in addition to the required positions of the policy, the Office of Investigation staff have also completed the training in June 2014 by the Moss Group. There are an additional 13 facility investigators who have received specialized training and training documentation was reviewed.

Standard 115.335 Specialized training: Medical and mental health care

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

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

New Jersey State-wide SART/SANE Program and the SART Response, rev 2013: A training program used by the Agency that focuses on the response by medical and mental health staff. This specialized training consists of detection and assessment of sexual abuse and sexual harassment, preservation of evidence, immediate stabilization of injuries, responding professionally, and reporting allegations, suspicions and actual incidents.

The curriculum and rosters of staff attendance show the medical and mental health staff have completed the standard PREA training, with one exception. An interview with the medical staff showed that they have received the standard PREA training required of all staff and specialized education through Rutgers University. SANE services are provided at Virtua & Lourdes Hospital.

Prior to the writing of this report, the mental health provider had completed the specialized training on March 21, 2017 offered through the Burlington County Sexual Assault Response Team/Activation for Forensic Examination. The curriculum was provided and meets the requirements of the standard.

Standard 115.341 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires all juveniles to be screened within 72 hours of their initial intake and within 72 hours of each transfer, as well as periodically thereafter. Information for consideration shall include prior sexual victimization or abusiveness; any gender non-conforming appearance or manner, or identification as LGBTIQI, and whether the resident may therefore be vulnerable to sexual abuse, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, the juvenile's own perception of vulnerability, and any other specific information about individual juveniles that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

All youth who enter the New Jersey Juvenile Justice Commission is assessed individually, and on a case-by-case basis, for any special needs, including those identified as LGBTI. Prior to a youth entering the Central Intake, local detention facilities provide the Pre-Disposition Report, Court Documents, Psychosocial, and other documents for review. Central Intake then creates an electronic record that is reviewed. At this time any special concerns are noted. Once the youth arrives at Central Intake, the Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization tool is completed. Once all screenings, evaluations and assessment are completed, a Juvenile Reception Classification Committee is scheduled. This committee consists of Administration, Classification, Substance Abuse, Gang, Custody and Social Worker staff who address the following based on the information gathered: Level of custody (classification staff); Program appropriateness (committee as a whole); and Housing with the Program (custody). For youth identified with special needs, a Special Care Review is held the first Monday after a youth is transferred to his custody program. Administration, Classification, Social Services, Mental Health, Custody and RATSU (Rehabilitative and Treatment Services Unit) staff meet to address treatment plans, housing, special needs and ensuring all needs of the youth are met. All youth, regardless of special needs, are reviewed approximately every 60 days (45-90 days) for a change in custody levels. This is to address the Comprehensive Assessment Plan that was created.

When a youth is transferred to this facility, the staff interview confirmed that a review, or new, Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization is repeated within 72 hours. The questions asked of the juvenile are to illicit a response of their fears, sexual orientation/identification, prior victimization, and other factors that may indicate special consideration. This allows continued review of the youth's own perception of risk and to update the existing form.

When placing residents for community programming, the resident is placed in a facility that is able to meet their immediate needs, and is hopefully close to where they will reside upon release. If a probationer is not processed through reception, and reports directly to the facility, a Qualified Mental Health Care Professional or by a trained social worker or medical designee will complete the screening.

A new Risk Screening is then completed within 72 hours and the staff who conducts the risk screening has reported that he utilizes a checklist of questions that meet the requirements of the standard. The interviewee also reported that the risk screening is updated as new information is received. A review of records indicates that these are completed on the day of arrival. Resident interviews confirm that they remember being asked the questions that are within the screening and on the first day of their arrival.

Standard 115.342 Use of screening information

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy states that all information gathered and documented at initial intake (Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization and the Safe Housing Assessment) shall be included in the intake psychological assessment and the comprehensive informational assessment/case action plan to be presented to the Reception Classification Committee for further consideration of assignment and referrals. Additionally, classification decisions with respect to facility, education and work assignments shall at no time be made solely on the basis of LGBTQI or gender non-conforming status or identification. The policy prohibits the placement of residents into a facility, assignment of roommate, education and work assignments based on LGBTQI status. Policy allows for placement of LGBTQI residents in room restriction, temporary closed custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort. The policy addresses housing and programming for transgender and intersex residents that is based solely upon their needs and the needs of the agency in providing safe housing for all residents. Individual needs are addressed through the Sex Offender Classification Committee (SOCC). Note that the name of the committee does not in any way mean that transgender and intersex residents are considered sex offenders.

New Jersey Juvenile Justice Commission, Policy 13ED:01.02A (rev 2013), LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) JUVENILES: This policy was created to provide the highest quality of services to juveniles regardless of actual or perceived sexual orientation, gender identify, or gender expression. The policy requires that any disclosure of information about a juvenile's LGBTQI status maybe communicated only when relevant and necessary for treatment, case planning, and finding effective services for the juvenile or other juveniles, and shall only be disclosed when necessary to achieve a specific beneficial purpose and shall be communicated only to the individuals necessary to achieve that purpose. The policy requires that classification decisions with respect to facility, assignment of roommates, education and work assignments, shall at no time be made solely on the basis of LGBTQI or gender nonconforming status or identification. The policy prohibits a facility from placing a LGBTQI juvenile in either room restriction, or temporary closed custody, or be referred to the Behavior Accountability Unit, as a means of keeping them safe from discrimination, Gender Identify Harassment, or abuse. However, nothing shall prevent the separation of a juvenile when deemed necessary for the juvenile's health or safety by either a Qualified Health Care Professional or a Qualified Mental Health Care Practitioner.

All youth who enter the New Jersey Juvenile Justice Commission is assessed individually, and on a case-by-case basis, for any special needs, including those identified as LGBTI. Prior to a youth entering the Central Intake, local detention facilities provide the Pre-Disposition Report, Court Documents, Psychosocial, and other documents for review. Central Intake then creates an electronic record that is reviewed. At this time any special concerns are noted. Once the youth arrives at Central Intake, the Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization tool is completed. Once all screenings, evaluations and assessment are completed, a Juvenile Reception Classification Committee is scheduled. This committee consists of Administration, Classification, Substance Abuse, Gang, Custody and Social Worker staff who address the following based on the information gathered: Level of custody (classification staff); Program appropriateness (committee as a whole); and Housing with the Program (custody). For youth identified with special needs, a Special Care Review is held the first Monday after a youth is transferred to his custody program. Administration, Classification, Social Services, Mental Health, Custody and RATSU (Rehabilitative and Treatment Services Unit) staff meet to address treatment plans, housing, special needs and ensuring all needs of the youth are met. All youth, regardless of special needs, are reviewed

approximately every 60 days (45-90 days) for a change in custody levels. This is to address the Comprehensive Assessment Plan that was created.

The JJC Safe Housing Assessment is used for appropriate housing placement. The use of Temporary Closed Custody housing may be used for a short time period upon intake while assessments and screenings are completed to prior to a resident's permanent housing placement.

Residents meet with the Case Action Team (multi-disciplinary team) every 60 days and information is updated as identified. A master list of both residents who are vulnerable or who are sexually aggressive is maintained at the facility. Interviews with the screening staff and Superintendent confirm that these lists are available to the Medical and Mental Health Superintendent and to those responsible for making housing decisions to ensure confidentiality. Any changes in housing require the review of these lists to ensure the safe placement of residents.

Policy allows for transgender and intersex residents to be able to shower separately from other residents upon request.

Standard 115.351 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)

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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): allows for residents to report sexual abuse or sexual harassment verbally or in writing to any staff member, by telephone to either or both the Department of Children and Families, Division of Child Protection and Permanency (DCPP) and an outside sexual abuse hotline to which confidential access shall be provided by the Commission, by telephone or written correspondence to the Commission's Ombudsman, and in writing, utilizing the Request and Remedy Process. Superintendent memo dated December 27, 2016 reminds staff of the ways that they can report sexual abuse or sexual harassment include speaking to Administration, the Hotline phone, to the Crisis Center/Hospital, or to the Ombudsman.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy addresses staff reporting of sexual abuse or sexual harassment by notifying the Shift Coordinator and the Superintendent or designee, the Office of Investigations, or to the DCPP Abuse Hotline.

Resident interviews confirmed that they are made aware of how to report sexual abuse and sexual harassment at intake, through the twice weekly PREA groups, and through information that is posted throughout the facility. Staff Interviews confirmed that they are aware of the ways for youth to report, and that they are aware of the variety of methods that are available for staff to report.

There is a central number for youth to call to reach an external agency for reporting sexual abuse or sexual harassment. Residents may use the phones freely to make these calls. However, during the tour, the auditor attempted to call the hotline number. Upon reaching Contact of Burlington County, the operator transferred the auditor to an administrative staff. She reported that they are not an agency to receive reports of sexual abuse and sexual harassment and that they have been attempting to end the calls coming into them. This agency stated that they do provide advocacy services. This was discussed with the Agency-wide PREA Coordinator, the facility PREA Compliance Manager, and the Superintendent.

Prior to the writing of this report, the Agency upgraded the phone system to include a direct line for residents to contact the

Department of Children and Families, Division of Child Protection and Permanency (DCPP). Posters were upgraded to include both numbers, either for reporting abuse or requesting emotional support services. Further consultation with DCPP confirmed that should a youth who is 18 years of age or older contact DCPP to report abuse, the screener would take the information and make a referral to the local police or an appropriate service provider and/or provide the youth the information on who to call.

Standard 115.352 Exhaustion of administrative remedies

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.27 (rev 2014), REQUEST AND REMEDY PROCESS: This policy addresses the exhaustion of administration remedies. There is a grievance system known as a Request and Remedy which requires a response within 20 days. A Request and Remedy PREA Complaint form has been created to address emergency reporting through written format and requires an immediate response. Policy allows no time frame for reporting sexual abuse or sexual misconduct and there is no requirement for an informal process to be utilized prior to the filing of a Request and Remedy. Youth may request assistance in completing the form and a lockbox is located for youth to submit the form anonymously. Youth are allowed to select if they wish the form to be provided to the Ombudsman or sent directly to the Office of Investigations. All forms received by staff that alleged any sexual abuse or criminal activity shall be called into the Executive Director and forwarded to the Executive Director within one day. If criminal in nature, the information shall be automatically called to the Office of Inspections. The decision of the Request and Remedy process requires that an appeal form be supplied to the youth when giving a decision; however, in the case of a PREA Complaint form, the investigators will make notification to the youth.

There is a third party complaint reporting form on the state website, and available at the facility, for any person to access and utilize to report sexual abuse or sexual harassment.

The auditor observed two grievance boxes in general areas where youth are able to deposit their grievances. There is one in each JMFS Compound. The facility PREA Compliance Manager has confirmed that any grievance reporting sexual abuse would be immediately forwarded to the Office of Investigations for an immediate review and investigation. The facility reported 21 grievances received that alleged sexual abuse and of these 20 reached a final decision within 90 days. One required additional time because a decision the investigation could not be completed within 90 days. Reviews of these documents show that they were immediately referred as required for investigation by a specially trained investigator.

Standard 115.353 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)

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 Coalition against Sexual Assault has a variety of services to both survivors of sexual violence and their loved ones. There is documentation that the Agency is working towards an Agency wide outside confidential support service providers. In the interim, the agency has identified victim advocacy services in the surrounding counties. For this facility, Contact of Burlington County is the identified outside confidential support services agency. They provide crisis and emotional support for victims of sexual abuse.

New Jersey Juvenile Justice Commission, Policy 09CP:P13.02 (rev 2009), JUVENILE RIGHTS, RESPONSIBILITIES AND RESOLUTION OF CONFLICT: The policy requires that the Facility Administrator shall ensure that juveniles entering the program are advised that all reasonable efforts will be made to maintain confidentiality of their personal issues. However, in cases such as prior criminal activities, child abuse, medical or psychiatric emergencies, imminent harm to others, or threats to commit future harm, the program is required by law to notify proper authorities. This policy also requires that youth rights include correspondence with and visits with family; unrestricted and confidential access to the courts by correspondence, access to legal counsel from an attorney of their choice both through meetings and correspondence, and the right to receive help when it is available through legal assistance programs.

Residents are provided a list of all identified external support services agencies broken down by county upon intake, which can assist a youth upon his transition back into the community. Interviews with youth found that they were aware of a list of agencies that would be able to provide services, but they were unclear as to all the types of services that could be provided. The facility conducted a training of all residents and provided them a list of agencies and services available. Additionally, this information in brochure form will now be handed out during intake and posted within the program.

Outside support services are available through the New Jersey Coalition Against Sexual Assault (NJCASA) and information for this was seen posted in the facility. Due to a change in the posters that now detail a special number for reporting abuse to an outside agency, the posters were updated and copies were provided to the auditor.

Standard 115.354 Third-party reporting

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy will allow the agency to accept third-party allegations of sexual abuse or sexual harassment.

New Jersey Juvenile Justice Commission website provides contact information for the Ombudsman, who acts as a link between youth and the Agency. Any person wishing to make a report is able to access this information.

The agency has created a 3rd Party PREA Complaint Form which is available on the state's website. This form allows for printing or fillable format, which can then be printed and mailed to the Commission. The address for the Commission is on the form. A hard copy of this form is available in the facility. All residents are advised that this form is another method of reporting by parents, guardians, or other identified outside persons. Interviews with staff and the Agency-wide PREA Coordinator confirm that third-party complaints will be investigated. There have been none reported in the past 12 months.

Standard 115.361 Staff and agency reporting duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all staff to immediately report any incidents of sexual abuse or sexual harassment to both the agency and the Division of Child Protection and Permanency (DCPP). Staff are prohibited from revealing information to anyone who does not have a need to know. Additionally, a memo was issued to all staff on November 12, 2015 that noted staff are mandated to report any information regarding sexual abuse or sexual harassment. A memo from the Agency dated August 20, 2014 requires reporting to the youth's attorney within 14 days, and to the parent or DCP&P (if guardian).

A staff PREA reference guide has been issued to staff. This guide requires that DCPP be notified if there is an allegation of sexual abuse that occurred in the facility or in the community and the resident is under the age of 18. If the resident is 18 years of age or older, the Superintendent, Office of Investigations, and the Regional staff is notified. If the resident is over the age of 18 and the incident occurred in the community, the staff must complete an Informed Consent before reporting to the above identified persons. This reference guide also reminds staff that they are not to discuss the incident with anyone other than the Superintendent, Assistant Superintendent, or Investigator.

Staff are required to complete a Suspected Child Abuse Report which is then called into the DCP&P Child Abuse Hot-Line. An incident report also must be completed before they leave at the end of their shift.

Staff interviews confirm their knowledge of to the facility and the writing of a report before the end of their shift. However, staff are not aware of the NJ Child Abuse Reporting Laws. Medical staff provide residents of their duty to report and the limitations of confidentiality. Additionally, medical staff is aware of the requirements of being a mandatory reporter.

Prior to the writing of this report, the facility conducted training with all staff on the New Jersey Child Abuse Laws and the Mandatory Reporting Laws through a memorandum and shift briefing.

Standard 115.362 Agency protection duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all staff to immediately respond in the event information is discovered that a resident is in substantial risk of sexual abuse.

Interviews with staff confirm their knowledge and the agency expectations upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff reported that they would immediately act to ensure the safety of the youth and report to the facility administration. Mental Health staff would also be contacted to assist if necessary. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Resident interviews found that they feel safe at the facility.

Standard 115.363 Reporting to other confinement facilities

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires the Office of Investigations to provide, within 72 hours, notification to a facility where an allegation has been made and to document such notification.

The facility reported 4 instances of information received that a resident was abused while confined at another facility. These were immediately reported to the Office of Investigations, who made appropriate notification to the other facility as required by the policy. This process was confirmed with the investigator.

Standard 115.364 Staff first responder duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all first responders to separate the victim, preserve and protect the scene and to direct both victim and alleged perpetrator, if known, to not destroy evidence.

JJC PREA Staff Reference Guide Card: A card issued to all staff that assists staff when they have witnessed or heard talk/information of a sexual misconduct regarding a resident with resident or staff with resident. This reminds the staff to make notification to a supervisor, move the resident to a safe place, protect any evidence on the victim, secure the area, do not discuss

with anyone other than the Supervisor or Investigator, and to write an Incident Report.

Staff PREA reference guide has been issued to staff which requires the resident to be moved to the medical office to ensure the resident's safety.

All staff are trained as first responders. There have been 21 reports of sexual abuse in the past 12 months. Of these 21 reports, none were reporting within a time period that allowed for the collection of physical evidence. Interviews with staff confirmed their knowledge of the requirements as a first responder – separation, preservation of evidence on person, securing the scene, notification, and including ensuring that medical and mental health staff are made aware if on-site.

Standard 115.365 Coordinated response

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that the Coordinated Response Plan shall include reporting the incident, keeping the victim safe and separate, protection measures, medical and mental health response, SANE/SAFE services, victim advocate, retaliation monitoring, investigations, and notifications.

The Juvenile Justice Commission Sexual Abuse Incident Check Sheet – Office of Community Programs – offers a checklist of items that are required to be completed when staff become aware of a sexual abuse. This include protections for the victim, notification, SANE/SAFE services, notification to the DCP, and notification of the Regional Administrator, Director of Community Programs, Deputy Director of Programs, and the Office of Investigations.

The JMSF facility has information for allegations of sexual abuse that include the Juvenile Justice Commission Sexual Abuse Incident Check Sheet, Office of Secure Care, that details the tasks and department that is responsible for when an allegation of sexual abuse is made. Included with this is the Johnstone Campus Staff Reference Guide for Sexual Abuse Allegations. This Guide includes a Telephone List of contact persons both internal to the agency and external to the agency. The Guide also clearly identifies phone extensions for reporting within the facility and contact information for locate SART sites.

A review of a sample of investigation files found that the Sexual Abuse Incident Check Sheet is in each file and completed as required.

Standard 115.366 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)

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.

Documentation was obtained for 10 bargaining unit agreements. A review of each agreement indicates that they are consistent with provisions of PREA standards 115.372 and 115.376. There are no restrictions to immediately remove an alleged perpetrator from contact with a victim.

- Local Union 30 – International Brotherhood of Electrical Workers (IBEW), AFL-CIO State Government Manager’s Union;
- Council No. 1 and its Affiliated Locals and Councils, American Federation of State, County, and Municipal Employees, AFT – CIO, Health, Care and Rehabilitation Services Unit
- Communication Workers of America (CWA), AFL-CIO, Administrative/Clerical Unit, Professional Unit, Primary Supervisory Unit, Higher Level Supervisory Unit
- Local No. 195, International Federation of Professional and Technical Engineers, AFL-CIO, Representing Operations, Maintenance, and Services and Craft Units; Local No. 518, New Jersey State Motor Vehicle Employees Union, SEIU-AFL-CIO, Representing Inspection and Security Unit
- New Jersey Investigators Association affiliated with the New Jersey State Fraternal Order of Policy, Lodge 174, Special Investigations Division
- New Jersey Law Enforcement Commanding Officers Association
- New Jersey Law Enforcement Supervisors Association
- New Jersey Superior Officers Law Enforcement Association, Inc. Affiliated with the New Jersey State Fraternal Order of Police as New Jersey Superior Officers Lodge 183 – Superior Officers Law Enforcement Unit
- New Jersey State Police Benevolent Association Local No. 105 – Law Enforcement Unit
- New Jersey State Policemen’s Benevolent Association State Law Enforcement Unit – State Law Enforcement Unit

Standard 115.367 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy addresses the establishment of a system to protect residents from sexual abuse or sexual harassment or retaliation for reporting, and to protect staff from retaliation for reporting. A PREA Tracking Form is used and provides for status checks every 30 days and monitoring beyond 90 days as identified or needed.

The Superintendent is the person responsible for monitoring for retaliation. He reports that witnesses, the reporter and the victim are monitored, including any staff involved in the complaint. Monitoring for retaliation can include disciplinary reports, reports of housing changes, requests for staff schedule changes, and reviewing any grievances that allege retaliation. He informally meets with residents to ensure their continued safety and to ensure that there are no further issues they wish to report. Measures that would be taken to protect persons who report retaliation could include housing changes, reassurance, mental health meetings, and education on the proper reporting and response to retaliation. Retaliation monitoring does occur and includes periodic status checks. Monitoring occurs for a minimum of 90 days, but could extend until a resident is released from the facility. He reports that there have been no reports of retaliation in the past 12 months at the facility.

The auditor was unable to review retaliation documentation as the Superintendent did not document the periodic status checks. Prior to the writing of this report, the Superintendent initiated a system to document periodic status checks. The auditor received completed agency forms that document meetings with persons involved in allegations of sexual abuse or sexual harassment who might be subjected to retaliation. These forms detail the contact with the person and if other resources were used for the monitoring.

Standard 115.368 Post-allegation protective custody

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy states that all information gathered and documented at initial intake (Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization and the Safe Housing Assessment) shall be included in the intake psychological assessment and the comprehensive informational assessment/case action plan to be presented to the Reception Classification Committee for further consideration of assignment and referrals. Additionally, classification decisions with respect to facility, education and work assignments shall at no time be made solely on the basis of LGBTQI or gender non-conforming status or identification. The policy prohibits the placement of residents into a facility, assignment of roommate, education and work assignments based on LGBTQI status. Policy allows for placement of LGBTQI residents in room restriction, temporary closed custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort.

New Jersey Juvenile Justice Commission, Policy 13ED:01.02A (rev 2013), LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) JUVENILES: This policy was created to provide the highest quality of services to juveniles regardless of actual or perceived sexual orientation, gender identify, or gender expression. The policy prohibits a facility from placing a LGBTQI juvenile in either room restriction, or temporary closed custody, or be referred to the Behavior Accountability Unit, as a means of keeping them safe from discrimination, Gender Identify Harassment, or abuse. However, nothing shall prevent the separation of a juvenile when deemed necessary for the juvenile’s health or safety by either a Qualified Health Care Professional or a Qualified Mental Health Care Practitioner.

This facility does provide alternatives of placement to ensure resident safety. Staff interviewed confirmed that the use of Temporary Closed Custody (TCC) is not automatically used for victims of sexual abuse, but as a last means of housing. Typically, if TCC is utilized it is used for less than 72 hours, which allows for investigators to identify the alleged perpetrator. Youth in TCC receive visits from medical/mental health clinicians every shift (3x day), and youth would be provided access to programs, privileges, education/special education and work to the extent that it does not put the resident in further contact with an alleged perpetrator. The use of TCC for a victim of sexual abuse would not extend beyond 30 days. There were no reported uses of TCC for victims of sexual abuse.

Standard 115.371 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that all allegations of sexual abuse and sexual harassment are required to be reported and investigated.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy requires an investigation of all PREA related incidents. This authorizes the Chief to utilize external law enforcement agencies, and/or the assistance by such agencies, in the investigation of sexual offenses. This policy requires that investigators will consult with the appropriate County Prosecutor’s Office at the onset of investigations of sexual crimes, and prior to conducting compelled interviews. The policy requires that investigators shall gather and preserve any direct and circumstantial evidence including any available physical and DNA evidence, and/or electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators, and witnesses. Investigators shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy prohibits the termination of an investigation solely because the source of the allegation recants or the alleged abuser or victim is no longer in the employment or control of the Juvenile Justice Commission. The policy addresses the credibility of a victim, suspect or witness. The policy prohibits the use of a polygraph as a condition for proceeding. The policy requires a written report to be maintained that includes a description of the physical and testimonial evidence, the reasoning behind any credibility assessment, and the facts and findings of the investigation. All Criminal and Administrative investigations will be documented in accordance with established procedures. This policy requires that records will be retained for at least the period specified in New Jersey Records Retention Schedules, and at least as long as the abuser is incarcerated and/or employed, plus five years.

All Office of Investigations investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by standard 115.334. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. An interview with an Investigator confirmed his knowledge of the policy and procedures. He reports that they work in coordination with local law enforcement and are briefed as to the status of an investigation. There are an additional 13 facility investigators who have received specialized training.

The facility has reported 21 allegations of criminal and/or administrative investigations of alleged resident sexual abuse. Each received an investigation – either criminal, administrative or both. A review of a sample of these investigations found that investigations were completed for each allegation and contained the required information.

Standard 115.372 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.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy confirms that the Office of Investigations will not impose any standard higher than a Preponderance of the Evidence for an administrative case. Specifically, if there is a preponderance of the evidence that an allegation of sexual abuse and/or sexual harassment occurred, the allegation shall be substantiated in an administrative case.

This was confirmed by an interview with the Investigator.

Standard 115.373 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that the residents be informed by the Executive Director or designee of the outcome of an allegation. The designee is the Office of Investigations (OOI). Policy requires all notifications to be documented.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy states that the Investigator will inform the victim when criminal charges are being filed against an accused. The Investigator is required to maintain in contact with the victim during the prosecution of the case.

The agency has a form dedicated for the purpose of making notification to the victim of the results of the PREA Investigation that is completed by the Superintendent or designee, Notification to Juvenile; Results of PREA Investigation. This was confirmed through an interview with the Superintendent and the Investigator. Notifications were noted in the files reviewed.

Standard 115.376 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy states that termination is the disciplinary sanction for any staff member who engages in sexual abuse or sexual harassment against a youth. The policy requires notification to law enforcement for violations of sexual abuse or sexual harassment.

This dismissal of a staff and notification of law enforcement for violations of sexual abuse or sexual harassment was confirmed through conversation with the Agency-wide PREA Coordinator. There were no allegations of staff sexual misconduct at this facility.

Standard 115.377 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy addresses required responses when a volunteer or contractor has violated the agency zero tolerance policies, including reporting to law enforcement and licensing agencies (if applicable) and the prohibition of further youth contact.

This dismissal of a volunteer or contractor for violations of sexual abuse or sexual harassment was confirmed through conversation with the Agency-wide PREA Coordinator. There have been no allegations of volunteer or contractor sexual misconduct at this facility.

Standard 115.378 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.

New Jersey Administrative Code 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process and appeals process. Disciplinary consequences for residents at this facility are commensurate with the nature of the incident and take into account certain factors prior to imposing the consequence.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy directs that any youth who is found to have violated any of the agency’s sexual harassment policies will be subject to sanctions pursuant to the behavior management program.

New Jersey Juvenile Justice Commission, Handbook on Discipline: The Handbook details 65 violations that would result in disciplinary consequences, and includes sexual assault, consensual sexual acts, sexual proposals or threats, indecent exposure and lewd conduct. Disciplinary consequences detailed in the Handbook on Discipline include, at page 12, Withdrawing a privilege or an individual or group activity, for example, recreation, television or radio privileges, for no more than five days;

meals and snacks provided by the facility are not permitted to be used as a sanction; Requiring a juvenile to pay for repair of damaged property; to repair the damage, or to complete a work task; Up to four hours in a secure environment under observation; Facility restriction; Formal reprimand communicated to a juvenile by a Sergeant or above; and up to four hours of extra work duty.

Additionally, the Handbook on Discipline, at pages 13-14, provides the following consequences which may be given by a disciplinary hearing officer; Referral to the Behavioral Accountability Unit, Mental Health Services or to another program or treatment regimen for appropriate care and/or treatment; Loss of telephone, radio, television, and contact visit privileges for up to 30 days; Loss of one or more additional facility privileges up to 15 days; Confiscation; Up to 14 hours extra work duty, to be performed within a maximum of two weeks; or Restitution for damage, alteration or destruction of State property or the property of another person which results in undue expenditure of State funds. In addition to the consequences listed above, administrative action may include, but not be limited to, the following: Recommending transfer to a more appropriate facility or unit, increasing custody status, changing work or housing assignments; and/or assigning to a treatment program. Residents are notified of any disciplinary hearing prior to the hearing and have the right to be represented by counsel. A disciplinary appeals process is outlined in the Handbook on Discipline at pages 14-15.

Effective March 12016, disciplinary isolation of juveniles is prohibited in the State of New Jersey. All commission rules and procedures have been modified accordingly.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that any indication of a juvenile having either experienced prior sexual victimization, or previously perpetrated sexual abuse, whether it occurred in an instructional setting or in the community, the juvenile shall be offered a follow-up meeting with a Qualified Mental Health Care Professional within 14 days of the intake screening. If a Qualified Mental Health Care Professional is not available, a Qualified Medical Professional may be substituted in the case of a juvenile who has experience prior sexual victimization. This policy also clarifies that any information gathered and documented at initial intake shall be included in the intake psychological assessment and the comprehensive informational assessment/case action plan to be presented to the Reception Classification Committee for further consideration of assignments and referrals.

New Jersey Juvenile Justice Commission, Policy 09MS:E.02 (rev 2009), RECEIVING SCREENING – NEW INTAKES: This policy is to identify and meet any urgent health needs of residents admitted to an agency facility; to identify and meet any known or easily identifiable health needs that require medical intervention before the resident's health assessment; and to identify and isolate residents who appear potentially contagious. This policy requires an initial receiving screening, including a Snellen Vision Screening, at an intake facility that includes identifying and addressing any language barriers (blind, deaf, Limited English Proficient). Immediate psychiatric referral shall be made for any resident who is identified as high risk with a history of sexually assaultive behavior; and/or resident is identified as at-risk for sexual victimization. If a resident is suspected of being a victim of abuse or neglect, the qualified health care professional or trained health care liaison shall immediately notify the Facility Administrator and chain of command. All residents are tested initially for sexual transmissible infections, tuberculosis and pregnancy (if applicable).

State of New Jersey Juvenile Justice Commission, dated October 14, 2014, from Executive Director Kevin M. Brown:

“Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.” A Juvenile Consent: Reporting Prior Non-Institutional Incidents of Sexual Victimization to The Division of Child Protection and Permanency (DCCP) (rev 2014) for was implemented that allows the juvenile to consent to the sharing of information.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 2.7 Communication on Special Medical Needs addresses the documenting and sharing of information with the Superintendent or designee on any special needs that could affect a juvenile’s housing, work and program assignments and disciplinary sanctions.

Interviews with both medical and mental health staff indicated that they are aware of the informed consent requirements for residents aged 18 or older. Both indicated that if a youth reports a prior victimization and is under the age of 18, they are required to report this to DCCP. Both report that information is kept confidential with exception of information needed to make decisions on the placement of youth and any special needs. In an interview with risk screening staff, it was reported that there is an auto generated notice to Qualified Mental Health Care Professionals when prior sexual victimization or previously perpetrated sexual abuse is identified. There were four residents who reported prior victimization and who were offered a follow-up meeting with a mental health provider.

Standard 115.382 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that if reported within 5 days of the incident both medical and mental health treatment provided at the facility shall be limited to emergency measures for physical injuries if applicable and emotional stability of the juveniles without interfering with evidence collection. Policy requires that the youth be transported for a medical examination to an outside facility having on staff and available a licensed Sexual Assault Forensic Examiner (SAFE) and/or Sexual Assault Nurse Examiner (SANE). Policy also requires that alleged victims and perpetrators shall be referred to mental health services to be seen for evaluation and follow-up services as needed as soon as possible, but in any event not later than within 24 hours.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 6.7 Sick Call and Emergency Services requires that each facility shall designate one or more community-based hospital emergency department or other appropriate facilities, and emergency transport services. The names, addresses and telephone numbers of these service provides shall be readily accessible to all personnel.

Interviews with medical staff indicate that an immediate transport for SANE/SAFE services would be arranged when made aware of an allegation made within 5 days of the incident. Access to emergency contraception and sexually transmitted infections prophylaxis shall be provided by the Emergency Department, with follow-up at the facility per medical orders, including testing for HIV and sexually transmitted diseases by consent or court order. Both medical and mental health staff report that services provided are consistent with the community level of care. Interviews confirm that residents are not changed for any treatment services. SANE services are provided through Virtua & Lourdes Hospital. Medical staff maintain documentation of services provided to youth.

Standard 115.383 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all residents who report victimization, regardless of when and where it took place, to be referred for treatment and counseling as identified. Medical staff shall ensure that victims are referred to mental health services to be seen for evaluation and follow-up services as needed as soon as possible, but in any event not later than within 24 hours. Requires medical staff to follow-up on any medical orders, including testing for HIV and sexually transmitted diseases by consent or court order.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 6.7 Sick Call and Emergency Services requires that upon the return of a juvenile from an emergency room visit the DNM or designee will review the Emergency Room Report and ensure that appropriate Professional Medical Staff are contacted for follow-up orders and that medical staff will assess the juvenile upon their return. Medical staff will also schedule a follow-up medical assessment.

Interviews with medical and mental health staff confirm policy. Medical confirms that follow-up services include a 6-month laboratory workup. Mental Health services are provided as needed after the initial meeting. Both medical and mental health staff confirm that services are provided at no cost to residents.

Standard 115.386 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that a sexual abuse incident shall be conducted at the conclusion of every sexual abuse investigation, except where the investigation has concluded that the allegation is unfounded. The review shall ordinarily occur within 30 days and shall be conducted by a team appointed by the Executive Director comprised of upper-level management officials, within input from line supervisors, investigators, and medical or mental health practitioners. The team shall prepare a report of its findings that shall include determination of the need for policy changes, group dynamics and physical barriers, staffing levels and whether the need for monitoring technology should be deployed or augmented to supplement staff. The report shall be submitted to the Superintendent and to the facilities PREA Compliance Manager for review and implementation of any determinations. The Executive Director or designee shall document the Commission’s response to the report which shall include the extent to which and why the report’s recommendations have or have not been implemented.

There was one incident of sexual abuse reported in the past 12 months in which the investigative outcome was not unfounded. A sexual abuse incident review was conducted and documented on the agency form. The incident review was completed by the Deputy Director of Operations, Interim Deputy Director of Programs, Clinical Administrator (Rutgers University UBHC/JJC), Ombudsman, and Agency-wide PREA Coordinator. The form addresses all required components of the standard regarding motivation, staffing, policy/procedure compliance, barriers, and electronic monitoring technology. Recommendations were made for resident education on conflict resolution and PREA reporting. A conversation with the Agency-wide PREA Coordinator confirms that he sits on this committee and included in the meeting is input from all parties as required. The Superintendent also conducts an incident review with a clinician, Administrative Lieutenant of Custody and the Juvenile Unit Supervisor (Social Services).

Standard 115.387 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires the collection of accurate, uniform data for every allegations of sexual assault. The Deputy Director of Operations and Chief of Information Technology implemented a data collection protocol and collect all data relating to PREA.

The Commission has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. This information is maintained in the Juvenile Information Management System (JIMS). There are no contracted facilities, so facilities only under their direct control are noted in the data collection. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that at least annually the Director of Operations or designee shall review data collected and aggregated in order to assess and improve the effectiveness of Commission policies and procedures with respect to sexual abuse prevention, protection of and response to incident of sexual abuse, and training. On the basis of this review, the Director of Operations shall make recommendations to the Executive Director as are reasonable and necessary with respect to operational areas or

issues requiring remedial action and recommendations for amendments to policies, internal management procedures or rules. An annual report summarizing findings and recommended corrective actions for each Commission facility, as well as for the Commission as a whole, shall be prepared and submitted to the Executive Director for approval. The report is required by policy to be posted on the Commission's website and shall include information on how hard copies may be secured by members of the public. Policy requires that any redaction of specific information must be documented where there is a clear and specific threat to the safety of a juvenile, staff, or to keep the safe and orderly operation of a facility; or that violates confidentiality.

The Agency provided the Comprehensive Juvenile Justice Commission PREA Data Collection and Review Report covering the 2016 calendar year. This report contains the purpose of PREA, Agency Achievements and Accomplishments in their continued compliance with PREA Standards, Attachments showing years 2014, 2015 and 2016 sexual abuse and sexual harassment allegations and outcomes of the investigation for comparison with a narrative, and facility specific adjustments made to the facilities to ensure continued compliance with PREA Standards. Any personal identifiers have been removed and the report has been approved by the agency head.

Standard 115.389 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.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that data will be maintained, stored and disposed of in accordance with records retention schedules prepared in accordance with the provisions of N.J.A.C. 15:3-2, Records Retention.

A statement from the IT department states that data will be maintained from 10 years from the date of initial collection. Data collected will be securely maintained. Data will be encrypted and password protected to prevent unauthorized dissemination. Data will be made public beginning February 2015. The Department of Treasury, Division of Revenue and Enterprise Services, Records and Management Services retention schedule was reviewed. The following files will be maintained for 10 years from the date of the resident's most recent discharge or resident age of 23, whichever is later: Resident Classification Master File, Agency Specific Resident Information Database, Hospital Injury Report File, Special Psychological Reports File, and Medical File.

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.

Bobbi Pohlman-Rodgers

April 30, 2017

Auditor Signature

Date