

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report 05/16/2018

### Auditor Information

Name: Bobbi Pohlman-Rodgers      Email: bobbi.pohlman@truecorebehavioral.com

Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: PO Box 4068      City, State, Zip: Deerfield Beach, FL 33442-4068

Telephone: (954) 818-5131      Date of Facility Visit: March 23, 2018

### Agency Information

Name of Agency      Governing Authority or Parent Agency (If Applicable)

New Jersey Juvenile Justice Commission      [Click or tap here to enter text.](#)

Physical Address: 1001 Spruce Street, Suite 202      City, State, Zip: Trenton, New Jersey 08638

Mailing Address: [Click or tap here to enter text.](#)      City, State, Zip: [Click or tap here to enter text.](#)

Telephone: (609) 292-1400      Is Agency accredited by any organization?  Yes  No

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency mission:** The mission of the Juvenile Justice Commission is to lead the reform of the juvenile justice system in New Jersey as mandated by N.J.S.A 52:17B-169 et seq. Our agency values and expects its employees and residents to demonstrate leadership, integrity, commitment and respect as we work to protect public safety, reduce delinquency and hold youthful offenders accountable for their delinquent actions by: Partnering with local and county jurisdictions in collaborative efforts to prevent youth from entering the juvenile justice system and intervene with court-involved youth; Providing youthful offenders with a continuum of rehabilitative services and sanctions in appropriate settings that promote positive growth and development opportunities; and Assisting youthful offenders to achieve successful reentry back to their communities through a network of support services and personal skill development that strengthens their levels of self-sufficiency.

Agency Website with PREA Information: [www.nj.gov/oag/jjc/index.html](http://www.nj.gov/oag/jjc/index.html)

### Agency Chief Executive Officer

<b>Name:</b> Kevin M. Brown	<b>Title:</b> Executive Director
<b>Email:</b> kevin.m.brown@jjc.nj.gov	<b>Telephone:</b> (609) 292-1400

**Agency-Wide PREA Coordinator**

<b>Name:</b> Luis A. Valentin	<b>Title:</b> Chief, Employee Relations & Legal Affairs
<b>Email:</b> luis.valentin@jjc.nj.gov	<b>Telephone:</b> (609) 341-3196
<b>PREA Coordinator Reports to:</b> Kevin M. Brown, Executive Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 14

**Facility Information**

<b>Name of Facility:</b> Voorhees Residential Community Home								
<b>Physical Address:</b> 201 Route 513, Glen Gardner, NJ 08826								
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>								
<b>Telephone Number:</b> 908-638-4625								
<table border="1" style="width: 100%;"> <tr> <td><b>The Facility Is:</b></td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for Profit</td> <td><input type="checkbox"/> Private not for Profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit					
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal					
<table border="1" style="width: 100%;"> <tr> <td><b>Facility Type:</b></td> <td><input type="checkbox"/> Detention</td> <td><input checked="" type="checkbox"/> Correction</td> <td><input type="checkbox"/> Intake</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other			
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other				
<b>Facility Mission:</b> Promote pro-social skills, education and vocational achievement, and personal growth by instilling core values of help, trust, respect, responsibility, and intervention in order to help residents prepare to return to their communities and in fulfilling the goals they have set for themselves while in the program.								
<b>Facility Website with PREA Information:</b> <a href="http://www.state.nj.us/lps/jjc/residential_comm_vorhees_hm.html">www.state.nj.us/lps/jjc/residential_comm_vorhees_hm.html</a>								
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

**Facility Administrator/Superintendent**

<b>Name:</b> Michael P Coyle	<b>Title:</b> Superintendent
<b>Email:</b> mike.coyle@jjc.nj.gov	<b>Telephone:</b> 908-638-4625

**Facility PREA Compliance Manager**

<b>Name:</b> Jennifer Archer	<b>Title:</b> Social Worker 2
<b>Email:</b> Jennifer.archer@jjc.nj.gov	<b>Telephone:</b> 908-638-4625

### Facility Health Service Administrator

Name: Nancy Castro	Title: Regional Nurse
Email: nancy.castro@ubhc.rutgers.edu	Telephone: 609-313-1357

### Facility Characteristics

Designated Facility Capacity: 26	Current Population of Facility: 17
Number of residents admitted to facility during the past 12 months	44
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	43
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	44
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	14-19
Average length of stay or time under supervision:	6 months
Facility Security Level:	1
Resident Custody Levels:	1
Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	9

### Physical Plant

Number of Buildings: 7	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	4 rooms in Main Building
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

No cameras

### Medical

Type of Medical Facility:	Medical Office
Forensic sexual assault medical exams are conducted at:	Hunterdon Medical Center

### Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	11

## Audit Findings

### Audit Narrative

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

The New Jersey Juvenile Justice Commission contracted with TrueCore Behavioral Solutions, LLC (f.k.a. G4S Youth Services, LLC) for PREA audits of five (5) juvenile facilities to be conducted in the second year of the second 3-year reporting period.

Bobbi Pohlman-Rodgers, US DOJ certified PREA Auditor, was responsible for determining whether this facility operated in compliance with the Prison Rape Elimination Act (PREA) standards. As a part of this audit, Ms. Pohlman-Rodgers toured the facility, reviewed State policy & procedure, reviewed state laws and rules, conducted interviews with residents and staff, observed facility practices, examined confidential documents, and made a determination for each standard.

The PREA Auditor provided the New Jersey Juvenile Justice Commission Agency PREA Coordinator with information on the preparation of the pre-audit Questionnaire and Notices of Audit on February 1, 2018, which was greater than six (6) weeks prior to the audit. The Notices of Audit were to be posted by February 8, 2018, six (6) weeks prior to the audit. The Agency PREA Coordinator provided to the auditor the completed pre-audit Questionnaire and a flash drive containing agency policies, facility procedures, forms, and additional information which the agency wished the auditor to review for PREA compliance on February 22, 2018, which is four (4) weeks prior to the on-site audit.

The auditor reviewed the documents on the flash drive, and contacted the facility Superintendent on March 12, 2018 in order to review additional information, logistics of the on-site audit, and to request additional information to be prepared when the auditor arrived. This request for additional information that included:

- List of residents by housing unit
- List of residents who have a physical disability
- List of residents who have a hearing disability, or are blind or who have limited sight
- List of residents who are limited English proficient
- List of residents who have a cognitive disability
- List of residents who identify as lesbian, gay, or bisexual
- List of residents who identify as transgender or intersex
- List of residents how have been placed in segregated housing for being at high risk of sexual victimization
- List of residents who have reported sexual abuse

- List of residents who reported a sexual victimization during the risk screening
- List of staff who will be working, by shift, on the day(s) of the audit
- Identity of staff who conducts intake
- Identity of staff who conducts comprehensive PREA education
- Identity of staff who conducts the risk screening
- Identity of staff who provides medical care
- Identity of staff who provides mental health services
- Identity of staff on the Incident Review Committee
- List of staff who are trained investigators
- Intake Orientation schedule
- Orientation/PREA information that is received by residents at intake
- Facility specific information that details the specific services and programs of the facility

In order to facilitate an orderly audit, the auditor scheduled certain interviews throughout the seven (7) days while in New Jersey. The auditor conducted phone interviews with the Executive Director Kevin M. Brown, Agency PREA Coordinator Luis A. Valentin, Office of Investigations Investigator Ken Amann, and Human Resource Manager Josie Piccolella.

An on-site PREA Audit was conducted on March 26, 2018. Prior to the entrance, the auditor interviewed staff present from the 11 PM – 7 AM shift. After these interviews, the entrance meeting was held and attended by this auditor, Bobbi Pohlman-Rodgers, Superintendent Michael Coyle, Youth Worker Supervisor Michael Banks, Social Worker II/PREA Compliance Manager Jennifer Archer, Social Worker I Dawn McGann, Youth Worker Supervisors Michael Handy, and Agency PREA Coordinator Luis Valentin. The on-site audit process was discussed and questions were answered. Following this entrance meeting, the auditor selected work plan was discussed, random samples of youth and staff were selected, and specialized staff were identified.

Following the selection of interviewees, the auditor toured the facility. This facility contains 17 buildings: - 6 cabins, Superintendent Building, Administrative Building, Main Building, Boiler Room, Student Center, Barn/Maintenance Shop, Tool Shed, Kitchen Storage, Pump House, Potting Shed and Greenhouse. These are described in the Facility Characteristics section below. The auditor observed notices of the upcoming PREA audit, as well as a PREA bulletin board in the facility where both youth and staff could observe.

During the tour, the auditor checked the phone system and was able to connect and verify that there is direct access to the New Jersey Department of Children and Families, Division of Child Protection and Permanency (DCPP), as well as contact for the provision of emotional support services if needed.

The facility provided a list of youth currently at the facility by housing unit, as well as those who identified as LGBTI, those with learning, physical, hearing or cognitive disability, those with limited English, those placed in segregated housing, those who reported a sexual abuse while at the facility, and those who reported a sexual victimization during the risk screening. There were seventeen (17) residents in the program at the time of the on-site audit. The auditor selected from the targeted population and found no youth at the program that met the requirements of the targeted population. Therefore, ten (10) random youth were selected for interview.

The facility provided a list of all staff who worked at the facility. Specialized interviews were conducted for the following positions: Superintendent, PREA Facility Compliance Manager, Upper Level Management, Medical Staff, Mental Health Staff, Intake Staff, Risk Screening Staff, Incident Review Staff,

Grievance Officer, Retaliation Monitor and First Responder Staff. Random staff interviews were conducted for twelve (12) staff present at the facility during all three shifts: 7 AM – 3 PM, 3 PM – 11 PM, 11 PM – 7 AM that included supervision staff, teachers, social workers, cook and secretary assistant.

Following the interviews, a review of additional documentation was conducted. The facility also provided additional documents a few days after the audit for the auditors review.

The methodology of the audit process to assess for compliance included:

- Review of the pre-audit questionnaire
- Review of agency policies
- Review of facility policies and practices
- Review of sample documents
- Review of completed documents
- Interviews with residents
- Interviews with targeted residents
- Interviews with specialized staff
- Interviews with random staff
- Interviews with off-site providers
- Tour of the facility
- Identification of PREA information in areas for both staff and residents
- Identification of blind areas through both internal and external viewing of the buildings
- Confidential correspondence, if received by the auditor
- Review of the agency's website
- Review of the prior PREA Audit Report
- Test call to the external reporting agency through resident phone, if applicable
- Observations of staff interaction with residents
- Clarification discussions with administration
- Review of documents provided post on-site audit
- Further contact with the facility PREA Compliance Manager or the Agency PREA Coordinator

An exit meeting was held on March 26, 2018. In attendance was the auditor, Superintendent, Social Worker II/PREA Compliance Manager, Social Worker I, and the Youth Worker Supervisor. The auditor addressed three areas where additional information would be needed to make a determination of compliance. A copy of the information was provided to the Agency PREA Coordinator. The auditor would like to thank the staff at Voorhees Residential Community House for their dedication to the safety of youth in their care.

## Facility Characteristics

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

Voorhees Residential Community Home (RCH) is located in Hunterdon County. It is a residential facility for delinquent male juvenile offenders between the ages of 14 and 19. The center services a maximum of 26 residents.

Residents that participate in the program enter either on a committed or probationary status. Committed residents are screened and referred through the NJJJC Classification Committee. Residents on probationary status are referred to the program by the sending counties' court liaisons, and are interviewed by social services staff prior to admission. Youth who have been adjudicated, current or prior, of a sexual offense or adjudicates for a fire setting crime are not accepted at the program.

The program strives to promote pro-social skills, educational and vocational achievement, and personal growth by instilling core values of help, trust, respect, responsibility, and intervention. The purpose is to help the residents prepare for their return to their communities and in fulfilling the goals they have set for themselves while in the program.

Academically, the program is a regional school comprised of residents from both Warren RCH and Voorhees RCH which is known as North West Prep. North West Prep follows the core curriculum content standards of the NJ department of Education for grades nine through twelve. Residents that qualify are given the opportunity for General Education Diploma (GED) testing in lieu of acquiring a high school diploma. In addition to classroom studies, residents are provided with vocational opportunities, which include greenhouse management, food service, landscaping, plumbing, carpentry, and masonry. Residents who have graduated or have their GED are eligible to take online college courses or attend college. At the time of the audit, Voorhees RCH is currently not participating in the regional school due to transportation issues; however youth are receiving education at the facility.

Extensive athletics and recreational programming includes internal intramural sports and a large number of activities within the Community. Voorhees RCH also competes in the NJISA Basketball League as an Independent and competes against various High Schools throughout the state.

During their stay, residents participate in Aggression Replacement Training (ART) and Phoenix Curricula. ART is a ten week anger-management course geared towards anger control, still streaming and moral reasoning. Phoenix Curricula is a gang intervention program designed for at-risk youth based on cognitive behavioral treatment concepts.

Residents regularly participate in community service projects conducted at Voorhees, Spruce Run, and Hacklebarney State Parks. Residents also volunteer at the Rolling Hills Retirement Community Center, and annually participate in speaking engagements at High Bridge Elementary School. Residents work closely with the Califon Volunteer Fire Department of various projects. Volunteering continues with services provided to Riding with Heart Equine Program – a local program that works with disabled adults and children where residents assist with barn chores, basic horse grooming, and spotters – and the LEO Club (Leadership Experience and Opportunity) – a local program where residents are provided an opportunity to develop their leadership skills and the intrinsic rewards that comes from servicing others.

Employment and Supported Work Programs provide opportunities to practice independent work release and/or work readiness skills, educational, vocational or work experiences in the community. During their Individualized Pupil Plan (IPP) or Individualized Education Plan (IEP), residents are considered for participation. The program will evaluate the resident's eligibility and proceed with the development of a specific plan.

There are seventeen buildings on the property. The grounds are well cared for and the facility maintains the landscaping to aid in supervision.

- Six Cabins provide single room structures with unobstructed windows to allow for supervision.
  - Cabin 1 – Office of the NJJJC Training Coordinator

- Cabin 2 – School room for English classes
- Cabin 3 – School room for Math classes
- Cabin 4 – Weight room
- Cabin 5 – School room for Science classes
- Cabin 6 – Zen room – provides space for groups and as a cooling down area for youth that includes a punching bag and bean bag chairs.
- Superintendent – Superintendent Office with conference areas is located on the side of the Main Building.
- Main Building –The Main Building is two floors. The upper level contains four resident rooms. Room 1 is currently not in use. Rooms 2-4 currently house youth and provide appropriate visual aspects for supervision. Youth bathrooms are for general use and stalls and shower curtains provide privacy. The lower floor houses social services, medical, and classroom. All rooms on the lower level offer sight supervision through windows. The medical office is open Monday – Friday from 7 AM – 3:30 PM. There is an on-call medical staff available for emergencies.
- Boiler Room - A small boiler room is located outside the Main Building. This is secured by a lock to prevent access by staff and youth. Keys are restricted.
- Administrative Building – Main office that includes the Educational Office and secretary on the first floor and Child Study Team offices on the upper level.
- Student Center – Large building with an open space for the kitchen, dining, staff area, visitation, food storage and recreation area. Laundry is located on the outside and a mirror was installed to provide additional sight supervision of youth. The facility generated is also located outside this building within a fenced area.
- Barn/Maintenance Shop – No youth permitted in area; keys are restricted.
- Tool Shed – Keys are restricted.
- Kitchen Storage – Keys are restricted
- Pump House – Keys are restricted
- Potting Shed – Keys are restricted
- Green Houses – There are two greenhouses that are secured when not in use. Keys are restricted and located in the potting shed.

It is noted that the property is well maintained and foliage was trimmed in order to reduce sight supervision issues. The property itself was clean and cleared of accumulated snow from the recent storm. A basketball court is located centrally and is well maintained and the auditor observed youth participating in a basketball game. All buildings were well-maintained given the age of the facility. All areas that contained locks were secured during the tour and access to keys for areas where youth are not permitted is stringent.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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



**Number of Standards Exceeded:** 9

115.321, 115.333, 115.341, 115.342, 115.351, 11.352, 115.364, 115.381, 115.389

**Number of Standards Met:** 35

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.322, 115.331, 115.332, 115.334, 115.335, 115.353, 115.354, 115.361, 115.362, 115.363, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met:** 0

Click or tap here to enter text.

### Summary of Corrective Action (if any)

There was no Corrective Action necessary at Voorhees Residential Community Home. During the audit there were three (3) areas that were addressed and more information was needed from the facility in order to make a determination of compliance. The Agency and the facility responded immediately to any requests by the auditor.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.311 (a)

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

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No

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

### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

New Jersey Juvenile Justice Commission (NJJJC) Policy 14ED: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.

The New Jersey Juvenile Justice Commission has a PREA Coordinator to oversee compliance with PREA Standards in each facility. The Agency PREA Coordinator, Luis A. Valentin, is identified in the Agency Organizational Chart as the Chief of Employee Relations and Legal Affairs. He joined the New Jersey Juvenile Justice Commission in the summer of 2012. He also fills the role of Ethics Liaison Officer and he is the Chairperson of the PREA Executive Committee. He reports he has enough time to manage

all of this PREA related responsibilities through effective time management processes to identify priority items and attach appropriate resources and time to complete the tasks as identified.

In his role as Chairperson of the PREA Executive Committee, the Agency PREA Coordinator is able to, with assistance of committee members, identify and resolve challenges and create or update training material for use in all facilities under the jurisdiction of the New Jersey Juvenile Justice Commission. PREA Executive Committee members include the Director of the Juvenile Justice Commission Academy, Director of Community Programs, Superintendent of DOVES RCH, Superintendent of the Juvenile Female Secure Intake Facility, Captain from Juvenile Male Secure Facility, Administrative Practice Officer, PREA Trainer and the Executive Assistant to the Executive Director.

Resolution of compliance issues involves consultation with the Executive Management Team, PREA Executive Committee, the PREA Resource Center website and staff, and legal advisors of law and policy prior to any policy, procedure or system change. In an effort to further educate himself, he attend the PREA training for non-auditors in Arizona in 2017. The Agency PREA Coordinator meets monthly with the fourteen (14) facility PREA Compliance Managers through both formal and informal interaction, which can include conference calls, mock audits, trainings and meetings at the Central Office in order to assist with challenges and to provide support to the facilities.

The facility has a Facility PREA Compliance Manager (PCM) who has been with the agency for 15 years, and in this facility for approximately 2 years. She took on the role of the Facility PCM upon her arrival. Her main assignment is a Social Worker II. She stated she has enough time to manage PREA duties through delegation of tasks and audit preparation tasks. In coordinating the facility's efforts at compliance, she reported that she educates staff and youth, conducts staff meetings, attends Agency training quarterly, and conducts a walk-thru of the area for the identification of physical barriers to keeping youth and staff safe. In working towards compliance when a challenge is identified, she collaborates with the Superintendent, conducts education/training, and conducts follow-up to ensure the issues is resolved.

Based on the information discovered in agency policies, observations, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.312: Contracting with other entities for the confinement of residents**

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

#### **115.312 (a)**

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

#### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The New Jersey Juvenile Justice Commission is a state agency and does not contract with other entities for confinement of residents.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

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

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 14ED: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.

New Jersey Juvenile Justice Commission, Policy 12CP:09.01 (rev 2012), JUVENILE SUPERVISION: This policy addresses the Supervision Status Levels for residents and a program specific plan.

Review of staffing includes an annual workgroup for the development of a proposed Secure Facility Custody Posts and FTE reports for the next fiscal year. This is comprised of staffing schedules and Scheduled hold-over rotation procedures. It requires a review of prior documents, identification of changes, preparation of new proposed secure Facility Custody Posts and FTE Report and shall be signed by both the Chief Administrative Officer and Director of Operations prior to August 1 for each year. The facility maintains a staff schedule that allow for a 1:8 waking hours staff to youth ratio and a 1:16 non-waking hours staff to youth ratio. An overtime call-out list is also maintained. Planned overtime is offered to staff.

The facility conducts unannounced rounds and these are documented in the Management Rounds Logbook. The Superintendent requires administrative staff to conduct rounds at a minimum of one time per month on all shifts. Specifically he has addressed over-night rounds to be conducted between the

hours of 1 AM and 5 AM and prohibits staff from being notified of when rounds will occur. A review of the logs indicates that these are conducted as required.

In an interview with staff who conducts these rounds, he reports that he has conducted unannounced rounds and has documented these rounds in the Management Rounds Logbook as well as in the Shift by Shift Log. He reports that he does not advise staff of his planned rounds schedule. He reports that during the rounds he ensures that youth and staff are safe and in areas where they are scheduled to be. He conducts a security check at the same time. He reports that the Superintendent conducts unannounced rounds as well randomly.

A review of the staffing at the time of the on-site found that the facility met the 1:8 and 1:16 requirement for staffing purposes.

In an interview with the Agency PREA Coordinator, he reports that he is consulted on all staffing plans periodically through the year and annually to ensure the plans provide for appropriate supervision of the facilities and meet required ratios. He also reviews each plan prior to the plans approval.

In an interview with the Facility PCM, she reports that she meets with the Superintendent to review staffing plans on a regular basis.

In an interview with the Superintendent, he reports that he submits requests for change to the staffing plan annually and this is addressed by the Office of Community Programs and the PREA Executive Committee. The last meeting of the Office of Community Programs for purposes of reviewing the staffing plan was on March 26, 2018. Prior to this, the last meeting was January of 2017. He provided his January 9, 2018 report that was submitted to the Office of Community Programs where he addressed all components of the standard. He reports that he reviews staffing for compliance through a review of the daily schedule, over-time reports, and the Unit Acceptance Procedure. He reports that the only issues with staffing compliance is during inclement weather (hurricane, winter storms); however, staff are held over as necessary.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.315: Limits to cross-gender viewing and searches

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

#### 115.315 (a)

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

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA



### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

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

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

New Jersey Administrative Code Title 13 - Law and Public Safety, Chapter 103 – Community Programs, adopted May 21, 2012 and expires on May 21, 2019 requires that all staff shall receive training in the interpretation and applicability of internal management procedures, so as to ensure effective and safe search techniques. This Administrative Code also requires that a strip search may be conducted only by staff who have received Commission or equivalent training in conducting strip searches, and must be conducted by staff of the same gender unless under emergent circumstances. Strip search may be conducted only with the prior approval of the Director of Community Programs or designee when there is a clear indication that the juvenile is carrying or concealing contraband on his or her person, or in the juvenile's anal or vaginal cavity.

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.

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.

In an interview with staff it was reported that the facility does not conduct cross-gender strip searches or any strip searches except in an emergency and this must be authorized by the Superintendent and must be documented. Staff interviews confirm their knowledge of searching transgender and intersex youth. Female staff reported making appropriate announcements when they enter areas where youth are toileting, showering or changing clothing.

Youth interviews confirmed that they have never been searched by a female staff and also confirm that cross gender staff announcements are made. Posters reminding cross gender staff of the announcement requirement are posted in the facility.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff and youth interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

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

#### **115.316 (a)**

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

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

#### 115.316 (b)

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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

New Jersey Juvenile Justice Commission, Policy 14ED: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 teach support is provided at the facility (NJAC 6A:14). The agency Office of Education provides for bilingual, 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.

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 an account established with Vioance which provides interpreter services as needed. Information for access using the account number and PIN# is provided to each facility. Vioance provides 24/7 interpreter services that include translation through telephone, text, company app, and in person.

The agency has available material in English and Spanish (most common non-English language identified in the facilities) that is posted in the facility. 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 staff interpreters are identified and approved through the facility. Those with learning or reading disabilities would be provided assistance through the on-site ELS certified teacher.

In an interview with staff who conducts intake, it was shared that she is aware of how to access additional services as identified for youth who have a disability or are limited English proficient. She reports that they have brought the education to a 5<sup>th</sup> grade level to ensure that youth understand the material. She reports that she verbally explains to youth the material being presented regarding PREA reporting.

In an interview with three youth who were identified with reading challenges, all reported that they received assistance with the PREA education through verbal instruction by the Social Worker or Education staff.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff and youth interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

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

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

## 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 the Human Resource Manager, she reports that background check are conducted prior to an offer of employment and at promotion, as well as a check of the Child Abuse Record Information (CARI) system. However, they are prohibited by law from asking about any criminal arrest history, as an arrest unsupported by a conviction or an expunged or pardoned conviction may not be considered in considering application for non-law enforcement positions.

She reports that all persons applying for a position are asked about previous misconduct. The following questions are asked on the background check form (BI-001) and require response: Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was not able to consent or refuse; or Have you been civilly or administratively adjudicated to have engaged in the activity described above.

Five (5) year background checks are conducted on every correctional or civilian staff at each facility. The Supervising Administrative Analyst ensures that background/CARI checks are completed pursuant to the five year requirement and provides this information to the Human Resources Manager. The system for identifying persons who require a 5 (five) year background check is through the Human Resources Information System. Volunteers and interns are issued identification cards with an expiration date. Background checks are required prior to re-issue.

All staff at hire, and periodically through training and policies, are notified of their continued duty to report any misconduct.

Human resource staff are able to provide to another institution dates of employment, position, if they would rehire, or confirm what is shared by the other institution without a release. With a signed release by the former employee, the human resource staff would be able to share more specific information as to substantiated allegations of sexual abuse or sexual harassment.

The auditor reviewed thirteen files. The facility provided documentation of completed background checks for all files reviewed that have occurred within the past five years, or at hire and promotion if more recent than the last five year background.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.318: Upgrades to facilities and technologies**

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

#### **115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

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

Yes  No  NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In an interview with the Agency Director, he reports that they take the safety of youth and supervision seriously. He reports that any designing, acquiring, or planning substantial modifications to a facility is fully and carefully review reviewed to ensure the safety of youth and supervision prior to sending to Capital Budgets & Facilities for funding approval. He also reported that they have addressed the use of video surveillance at the community programs and have increased surveillance at one facility as a result of the need to ensure the safety of youth and supervision.

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 was noted that the facility made changes to the facility over the course of the last 4 years in order to protect the youth in their care. These changes included:

- Installed intercom phones in each classroom
- Installed new locks on interior and exterior doors for increased security
- Placement of partitions in bathrooms to provide greater privacy for youth using urinals
- Replaced pad locks on closets located on the second floor of the main building

- Added a mirror to the dormitory area by room one to supplement supervision

In an interview with the Superintendent regarding issues during the auditor's tour, he added a mirror in the laundry room to address a blind area, added a padlock on the outside gate entering the generator, and added a padlock on the exterior cellar door to the basement of the main house.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

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

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

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

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

In 1996, the Legislature amended the statute regarding services to victims of crime requiring that the Attorney General, in conjunction with service providers and hospitals, standardize services for victims of sexual assault. In 1998, the Attorney General promulgated the Attorney General Standards for providing services to Victims of Sexual Assault, which were formulated through meetings of the Sexual Assault Protocol Council. The Standards require the formation of a Sexual Assault Response Team (SART) in each county and trained forensic nurses, known as Sexual Assault Nurse Examiners (SANEs). A SANE, along with a rape care advocate and a member of law enforcement, make up the SART. All counties have a SART that is funded through the State Office of Victim-Witness Advocacy.

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. A list of county Sexual Violence Programs is available.

N.J.S.A. 52:4B-50 et seq. mandates every county prosecutor's office to establish a Sexual Assault Response Team (SART) and a SART Advisory Board.

There is in place in New Jersey a statewide system for providing services to victims of sexual assault. There is a Sexual Assault Response Team in each through the county prosecutor's office that includes trained forensic nurses (SANE), rape care advocate and law enforcement. The Statewide SART system for this facility provides SANE services at Hunterdon Medical Center.

An attempt was made to contact the SART Coordinator to verify services. Both a voice message and an e-mail were sent with no response.

There have been no forensic examinations indicated or completed in the past twelve months. Services provided was confirmed with the Superintendent.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as evidenced by the statewide SART services.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

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

#### **115.322 (a)**

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

#### **115.322 (b)**

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

#### **115.322 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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](http://www.nj.gov/lps/jjc.prea.html).

In an interview with the OOI Investigator, he reported that all allegations of sexual abuse and sexual harassment are referred to their investigation which has the legal authority to conduct investigations. All investigators are sworn law enforcement officers.

In an interview with the Agency Director, he reported that all allegations are investigated as per policy and that he is notified of all allegations and the recommendations of the Incident Review Committee.

The facility PREA Tracking Log indicate that there have been 5 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. Copies of the investigation reports were provided to the auditor upon request.

In the past twelve months, there was one allegation of youth on youth sexual abuse that was investigated (outcome: unfounded), one allegation of staff on youth sexual abuse that was investigated (outcome: unfounded) and three allegations of youth on youth sexual harassment (outcomes: unfounded).

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.

A review of five files found that all allegations received an appropriate investigation and the investigation is documented.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No



- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

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

#### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

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 12 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. Volunteers and Interns also completed the same training in February 2017. Additionally, the facility provided training records from 2013-2017 to show consistency of training every two years.

There are currently 29 staff assigned to this facility. Interviews with twelve random staff confirm that they receive formal PREA education every two years and other PREA training throughout every year. Staff interviews confirmed that they understood the training received through the formal PREA training classes and through memo form or through briefings that is presented fairly frequently throughout each year.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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, detection, 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, 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 no current volunteers at this facility and the medical staff was interviewed. She reported that she receives the same education as the supervision staff, as well as education through Rutgers New Jersey Medical School for continued medical care for sexual assault. She reported that she is required to report any allegations or suspicions of sexual abuse or sexual harassment to the Superintendent.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through volunteer/contractor interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.333: Resident education

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

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

### 115.333 (e)

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

### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 teacher 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.

The New Jersey Department of Law & Public Safety JJC Brochure "Resident's Guide to the Prison Rape Elimination Act" is provided to residents at 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.

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.

Agency Posters: Posters were created by the agency and are required to be posted in the facility. These include, in both English and Spanish, "Speak up, Get Help" and "Healthy Boundaries".

During the tour, the auditor noticed a PREA board that was visible to the youth and showed information as to what sexual abuse is and how to report. This boards are located in an area where youth frequently pass by each day.

An interview with staff indicates that youth receive the Resident's Handbook and the "Resident's Guide to the Prison Rape Elimination Act" and watches the PREA PowerPoint (comprehensive education) upon arrival. All youth meet with the Youth Worker Supervisor as a follow-up as well. This facility also conduct further education in PREA Groups that may include PREA flashcards, PREA Bingo, PREA Definition Match, PREA Hangman, treats and mock audits with youth.

Interviews with residents confirm that they receive information on their first day regarding PREA and received a Youth Handbook. An interview with youth who were identified with learning disabilities, all three youth reported receiving the information verbally, as well as being assisted by a Social Worker or Educator.

A review of resident PREA education found that youth sign two documents indicating that they have received the Resident Handbook and their rights, including PREA information, was explained to them and that they acknowledge that they have received PREA information including the various ways to report.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard based on the timeframe for providing PREA education to youth, the standard bulletin boards that contain PREA information, and the PREA groups being conducted.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]

Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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.

The State of New Jersey, Department of Law and Public Safety, Division of Criminal Justice, Police Training Commission has certified that the New Jersey Juvenile Justice Commission Training Academy has demonstrated the need and the requisite recourse, facilities and staff to provide training courses authorized by the Police Training Act.

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 Office of Investigations 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. He also reports that all investigators in the OOI has completed the required trainings and provided documentation as such. 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 OOI staff have also completed the training in June 2014 by the Moss Group.



Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.335: Specialized training: Medical and mental health care

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

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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.

An interview with the mental health and medical staff indicated that they have received the standard PREA training required of all staff and specialized education through Rutgers's University. SANE services are provided at Hunterdon Medical Center.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

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

### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No

- Does the agency also obtain this information periodically throughout a resident's confinement?  
 Yes  No

#### 115.341 (b)

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 LGBTQI, 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 are 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.

In an interview with the Agency PREA Coordinator, he reports that there are no specific housing facilities for youth who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). These youth would be integrated into general population at a facility that is appropriate to their identified needs.

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. 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 on the day of intake and the staff who conducts the risk screening has reported that she directly asks the youth about sexual orientation. The staff 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.

A sample of resident files indicates that the screening forms were present and completed on the first day of their arrival. All information required by PREA standards and Agency policy were addressed.

Resident interviews confirm that they were asked specific questions regarding their safety, prior victimization, and other questions. All reported that this occurred on their first day at the facility.

Staff interviewed who conducts the Risk Screening reports that this is completed immediately upon a youth's arrival at the program. A review of the youth's prior information is conducted. The screening includes victimization history (including trafficking), sexual orientation/identity, employment, and a youth's perceived risk. This is completed through a set of questions on the computer system that may be either open ended or yes/no questions. She reports that this is updated based on needs, request or new information. She reports that the information is available to the Social Services staff, Administration, Mental Health and Medical staff.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through resident and staff interviews, the auditor finds that the facility exceeds the requirements of the standard as identified through records that screening is completed one the first day of intake, along with other information being reviewed prior to the actual arrival of the youth.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No

- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
 Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 close 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 close 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. Residents meet with the Case Action Team (multi-disciplinary team) every 60 days and information is updated as identified.

In an interview with staff who conducts the risk screening, she reported that this information is used to keep youth safe by determining appropriate housing, education, and other programming needs. The tool identifies supervision levels as well to keep youth safe.

Policy allows for transgender and intersex residents to be able to shower separately from other residents upon request. The JJC Safe Housing Assessment is used for appropriate housing placement. Isolation is prohibited at this facility. All housing changes may be made only with the Approval of the Superintendent

or Facility PCM, both who have access to the risk screening tool and this is documented on the bed change form.

In an interview with the Agency PREA Coordinator, he reports that risk assessment questions and answers are only made available to medical staff, mental health staff, Superintendents, and the Executive Director. However a master list of those who are vulnerable or who are identified as sexually aggressive is maintained and updated as needed for making housing decisions or changes.

While this program length of stay is approximately 6 months, a review of transgender or intersex housing is not applicable unless warranted based need, request or new information. Staff reported, and youth interviews confirmed, there are no youth identified as transgender or intersex at this time.

A review of the list that identifies those who are vulnerable or who are identified as sexually aggressive was conducted. There are no youth who identified as both vulnerable and sexually aggressive.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as noted in the frequency of the reassessment, limited access to records, and requirement for housing changes only with the approval of identified staff.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 DCPD Abuse Hotline.

The Agency has a dedicated phone line to include a direct line for residents to contact the Department of Children and Families, Division of Child Protection and Permanency (DCPP). 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.

Resident interviews confirmed that they are made aware of how to report sexual abuse and sexual harassment at intake, through PREA groups, and through information that is posted throughout the facility. Resident interviews also indicated that they have received education on accessing the phone lines to make calls to the DCPP, and are not required to notify staff of their intent.

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. Staff also reported that they are able to report allegations outside of the facility to the Office of Investigation, to the Agency PREA Coordinator, or a report to the Executive Director.

The auditor reviewed educational materials and found that residents may report as per policy. The auditor also utilized the phone system and contacted the DCPP to verify youth's access.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as noted through the dedicated phone line to DCPP, as well as to the other options for reporting available.

## **Standard 115.352: Exhaustion of administrative remedies**

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

#### **115.352 (a)**

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

#### **115.352 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

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

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

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

#### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 facility PREA Compliance Manager has confirmed that any grievance reporting sexual abuse would be immediately forwarded to the Executive Director and the Office of Investigations for an immediate review and investigation. A locked box was observed in the facility for these forms in the program and is emptied each day.

An interview with the OOI Investigator reports that grievances are addressed immediately and an investigation begins. He also reports that all residents are provided notification of the outcome of the report.

A review of the Pre-Audit Questionnaire indicates that there were 2 grievances were filed alleging sexual abuse or sexual harassment in the last twelve months. Both were reported as per policy and were resolved within 90 days. No grievances were received that alleged a youth was at substantial risk of imminent sexual abuse in the past twelve months. No resident grievances resulting in disciplinary action against a residents for having filed a grievance in bad faith.

Resident interviews confirmed that they are aware that this is a method of reporting, and no youth interviewed alleged completing a grievance alleging sexual abuse or sexual harassment.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as noted through a separate system for grievances alleging sexual abuse and sexual harassment that are addressed immediately by the Office of Investigations and are forwarded to the Executive Director and resident awareness of this method of reporting.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

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

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.353 (b)**

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

### **115.353 (c)**

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



- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

The New Jersey Coalition against Sexual Assault (NJCASA) offers services to both survivors of sexual violence and their loved ones. NJCASA is the statewide advocacy and capacity building organization that represents the twenty-one (21) county-based rape crisis centers, and the Rutgers University – New Brunswick Office of Violence Prevention and Victim Assistance. NJCASA elevates the voice of sexual violence survivors and service providers by advocating for survivor-centered legislation, training allied professionals, and supporting statewide prevention strategies that work to address and defy the socio-cultural norms that permit and promote rape culture.

In an interview with New Jersey Coalition Against Sexual Abuse (NJCASA) Assistant Director and Capacity Building Manager, it was reported that the New Jersey Juvenile Justice Commission has been working closely with NJCASA to finalize an agreement between the two entities. The agreement is currently working through the various levels of review required before finalization. NJCASA reported that they will support MOU's at the local level, provide technical assistance, and interface with the facility to address services requested. In the interim, NJCASA provides services as requested by youth through the phone system.

The facility has a dedicated phone line directly to support services. Youth are able to access phones as needed. The auditor utilized the phone to access youth access and found that the call was answered by RAINN staff and the call would be forwarded to SAFE in Hunterdon. The operator who answered stated that all calls are forwarded to the nearest services.

Additionally all residents are provided a list of all identified external support services agencies broken down by county, which can assist a youth while at the facility and upon their transition back into the community. The list includes addresses and phone numbers and youth are permitted to contact through the facility phone system. Interviews with youth found that they were aware of a list of agencies that would be able to provide services and received a copy of the information. This information is provided to youth during intake and posted within the program.

Interviews with residents confirm they are aware that services are available a list is provided to them at intake and posted in the facility, but were unsure of access to receive these services. This was discussed with the Superintendent and a training was conducted with all youth to ensure that youth were aware of how to access, what services were available, and the limits of confidentiality. Youth interviewed confirmed that that are able to communicate with their attorney's and parent/guardian through visitation, calls, and correspondence.

Interviews with staff confirm that they are aware of the services and allow youth access to the phones when needed. Staff confirm that youth are permitted visitation, phone calls, a written correspondence with attorney's and parent/guardian. Special visits can be scheduled through the social worker or Superintendent.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.354: Third-party reporting**

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

#### **115.354 (a)**

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

**115.361 (a)**

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

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

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

**115.361 (d)**

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

**115.361 (e)**

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 an incident report and a Suspected Child Abuse Report which is then called into the DCPD Child Abuse Hot-Line before 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.

Medical staff and mental health staff inform residents of their duty to report and the limitations of confidentiality. Additionally, both are aware of the requirements of being a mandatory reporter.

The auditor placed a call on the dedicated phone line for youth reporting sexual abuse to ensure that DCPD is notified.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

Interview with residents found that residents feel very safe at the facility. None reported being aware of any inappropriate behavior of other residents or staff.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through resident and staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

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

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

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.

In an interview with the Agency Director, he reports that all allegations received from another agency or facility are handled the same as if the allegation came from within one of the Agency facilities. All cases are treated the same regarding an investigation.

In an interview with the OOI Investigator, he reports that they are notified of all allegations immediately upon receipt and an investigation begins within twenty-four hours.

There have been no allegations received from other facilities/agencies.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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



- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.364 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 interviewed confirmed that they are aware of the required steps to protect youth, protect any physical evidence, protect the scene, and report the information to the officer in charge. All reported knowledge the medical and mental health staff are also advised.

All staff are trained as first responders. Reviews of a sample of staff files indicates that all have received the appropriate training.

There has been 1 report of sexual abuse in the past 12 months. The allegation was discovered and the first responder separated the victim from the alleged perpetrator.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as noted by the staff reference guide that staff carry with them to remind them of the steps to be taken and the requirement that all staff are trained as first responders and not just the supervision staff.

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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.

Voorhees RCH –Staff Reference Guide: A facility specific guide that identifies the initial response steps that include notification, separation and location of where the victim and alleged perpetrator will be placed, securing of evidence, notification of the Superintendent, notification of the medical and mental health staff, notification to the Office of Investigations, securing of the area, notification to DCPD, completion of the Incident Report, and contacting of the legal guardian of the resident. This form also contains specific contact phone numbers.

Supervisory staff interviewed confirmed that they are aware of the Staff Reference Guide (Coordinated Response Plan). The agency has a facility specific Sexual Abuse Incident Check Sheet that details the specifics of their Coordinated Response Plan. This form addresses the components as required.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation was obtained for 10 bargaining unit agreements.

- 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

In an interview with the Agency Director, he reports that the contracts in place all allow for removal of the abuser, with dismissal presumptive.

In an interview with the Agency PREA Coordinator, he reports that the contracts in place allow for removal of an alleged abuser.

A review of each bargaining unit 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.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.367: Agency protection against retaliation**

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

#### **115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

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

#### 115.367 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 Agency Head reports that the Agency takes retaliation seriously and will investigate all allegations of retaliation. He reports that retaliation monitoring is conducted from thorough and careful review of systems in place to address possible retaliation, would enhance monitoring and supervision and document their efforts and actions if they received allegations of retaliation.

The staff responsible for monitoring for retaliation was interviewed. He reported that he provides leadership in monitoring for retaliation through housing changes or transfers, removal of the alleged abuser, and through emotional support services as identified. He reported that he would review behavioral

changes, treatment plans, motivation, and hygiene that may indicate an issue. In response to retaliation, he would review the supervision levels of the youth involved, address the need for additional counseling and/or extension of time. For allegations of retaliation against staff, he would address a reassignment or disciplinary action of the alleged perpetrator of the retaliation. He reported that should a youth or staff allege retaliation, he would monitor and address further risk based on needs and evaluation of the situation. He provided that status checks would be completed every 30 days through 90 days. He reported that there have been no allegations of retaliation in the past 12 months.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

New Jersey Office of the Attorney General, Department of Law and Public Safety, Juvenile Justice Commission Memo, dated December 26, 2016 states "Juvenile Justice Commission Programs do not permit residents to be placed in isolation.

Interviews with the Executive Director, Agency PREA Coordinator and the Facility PCM found that the Agency does not utilize segregated housing at this facility.

A tour of the facility found no areas that would allow for the use of segregated housing.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

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

#### 115.371 (d)



- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

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

#### 115.371 (f)

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

#### 115.371 (g)

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

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 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.

In an interview with the Agency PREA Coordinator, he reports that the Office of Investigations (OOI) is a sworn law-enforcement department who conducts PREA investigations. OOI staff consult with the local county prosecutors periodically and when criminal behavior is identified. Local county prosecutors would either take the lead on the investigation, or continue to work closely with the OOI. The OOI has a strong working relationship with local county prosecutors and the Attorney General.

In an interview with an OOI Investigator, he reports that all allegations, regardless of how received, are investigated and that there is no difference between an allegation that came from a youth versus an allegation made through a third party or anonymous source. He reports that it is policy to begin an investigation within 24 hours of the allegations through a determination of defining the allegation and beginning the evidence collection process. Evidence collected includes statements from witnesses, victim, and alleged suspect, video, DNA, photographs, and prior allegations or prior complaints. He reports that prosecutors are consulted in all matters that are criminal. He report that all investigations continue regardless of the victim or subject no longer being in the care and custody, or employment, of the Agency.

A file review was conducted of three allegations of sexual abuse and sexual harassment. Each file contained a narrative, statements from the victim, alleged perpetrator, and witness(es). One of the allegations resulted a youth being transported to the hospital for a forensic examination. All investigations were begun immediately upon notification.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.372: Evidentiary standard for administrative investigations**

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

#### **115.372 (a)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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.

In an interview with the OOI Investigator, he confirmed that the standard of evidence to substantiated allegations of sexual abuse or sexual harassment in an administrative investigation is a preponderance of evidence.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

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

#### 115.373 (d)

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

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

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 OOI, Notification to Juvenile; Results of PREA Investigation. This form is then presented to the victim by the Superintendent or designee.

Of the five files reviewed, all contained notification to the youth.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

**DISCIPLINE**

**Standard 115.376: Disciplinary sanctions for staff**

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

**115.376 (a)**

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

### 115.376 (b)

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

### 115.376 (c)

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

### 115.376 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 during an interview with the Agency-wide PREA Coordinator and the Executive Director. The bargaining unit contracts do not prohibit the Agency from removing an alleged staff perpetrator from contact with residents.

There were no substantiated cases of staff sexual misconduct at this facility that resulted in staff disciplinary action or termination.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

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

#### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



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 during an interview with the Agency-wide PREA Coordinator and the Executive Director.

There have been no allegations of volunteer or contractor sexual misconduct at this facility.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

### 115.378 (c)

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

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

New Jersey Administrative Code 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process and appeals process. Disciplinary actions for residents at this program could include discharge, and the reason for the discharge would be noted on Form 15CP:17-03A. Disciplinary sanctions are commensurate with the nature of the incident and take into certain factors prior to imposing the sanction.

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 abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program.

New Jersey Office of the Attorney General, Department of Law and Public Safety, Juvenile Justice Commission Memo, dated December 26, 2016 states "Juvenile Justice Commission Programs do not permit residents to be placed in isolation.

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.

New Jersey Office of the Attorney General, Department of Law and Public Safety, Juvenile Justice Commission Memo, dated December 26, 2016 states "Juvenile Justice Commission Programs do not permit residents to be placed in isolation.

In an interview with the Superintendent, he reports that disciplinary action can only be utilized as per the Youth Handbook and isolation is not permitted at the facility. If a youth violates the program rules, the consequences could be outside charges, institutional charges, or a violation of the youth's probation, which

could result in removal from the program. He reports that consensual acts between youth are a violation of the program.

The auditor did not find any areas that would be used for isolation during the tour and residents did not report the use of isolation at this facility.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## MEDICAL AND MENTAL CARE

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

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners 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?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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:01.01 (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.

In an interview with medical and mental health staff, it was reported that they are aware of the requirement for informed consent to occur should they become aware of any prior victimization that occurred prior to the youth's placement in a facility, as well as if the youth is over the age of 18. Both are aware of DCPD requirements and Agency policy of reporting to DCPD if a youth reports victimization if the youth is 17 years of age or younger. 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 at intake. Mental health staff reported during the interview that they would receive an auto-generated notification and respond immediately.

The Coordinated Response Plan requires notification to medical and mental health staff if a youth alleges victimization.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as identified through immediate notification (auto-generated) to medical and mental health staff of any victimization identified at intake.

## **Standard 115.382: Access to emergency medical and mental health services**

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

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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:01.01 (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 providers shall be readily accessible to all personnel.

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.

In 1996, the Legislature amended the statute regarding services to victims of crime requiring that the Attorney General, in conjunction with service providers and hospitals, standardize services for victims of sexual assault. In 1998, the Attorney General promulgated the Attorney General Standards for providing services to Victims of Sexual Assault, which were formulated through meetings of the Sexual Assault Protocol Council. The Standards require the formation of a Sexual Assault Response Team (SART) in each county and trained forensic nurses, known as Sexual Assault Nurse Examiners (SANEs). A SANE, along with a rape care advocate and a member of law enforcement, make up the SART. All counties have a SART that is funded through the State Office of Victim-Witness Advocacy.

Medical staff interviews confirmed that SANE services would be offered through Hunterdon Hospital if the allegation is made within 5 days from the incident. Emergency contraception an STD testing and prophylaxis would be initiated in the Emergency Department, with follow-up at the facility per medical orders.

Both medical and mental health staff reported that youth are not charged for any treatment services as a result of a victimization.

SANE services and victim advocacy is provided through the County Prosecutor's SART program. For this facility, the youth would be taken to Hunterdon Medical Center and victim advocate would be provided through the County Prosecutor's SART program.

A file review indicated that an incident of alleged sexual abuse followed Agency policy, as evidenced through:

- The Coordinated Response Plan was followed
- The County Prosecutor's SART was contacted
- The youth was taken for a SANE examination [note: the youth refused the procedure]
- The youth was transported to the New Jersey Training School [note: not typical to remove youth; however due to the allegation, the transfer was indicated in order to ensure the safety of the youth]
- Follow-up was provided by medical and mental health staff at the New Jersey Training School

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

### **115.383 (a)**



- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

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:01.01 (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 follow-up, treatment plan, referral to physician, and crisis information. Mental Health services are provided as needed after the initial meeting with the youth to determine the needs of the youth. Both medical and mental health staff confirm that services are provided at no cost to residents.

A file review indicated that an incident of alleged sexual abuse followed Agency policy, as evidenced through:

- The Coordinated Response Plan was followed
- The County Prosecutor's SART was contacted
- The youth was taken for a SANE examination [note: the youth refused the procedure]
- The youth was transported to the New Jersey Training School [note: not typical to remove youth; however due to the allegation, the transfer was indicated in order to ensure the safety of the youth]
- Follow-up was provided by medical and mental health staff at the New Jersey Training School

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## DATA COLLECTION AND REVIEW

## Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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.

In an interview with the Agency-wide PREA Coordinator found that he sits on this committee and included in the meeting is input from all parties as required.

In an interview with the Superintendent, he reported that the facility also conducts its own incident review that includes the Superintendent, PCM, Social Worker, and the Youth Worker Supervisor. This report is completed and share with the Executive team. He reports the review team would consider motivation, staffing, physical barriers, and the need for monitoring technology.

There were no incidents of sexual abuse reported in the past 12 months that resulted in substantiated or unsubstantiated findings and there were no sexual abuse incident review reports to view.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.387: Data collection

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

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

In an interview with the Agency PREA Coordinator, he reports that all data is tracked and reviewed more often than annually; however, annually a report is prepared.

A review of the annual report revealed it was completed according to this standard.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## **Standard 115.388: Data review for corrective action**

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

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.388 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 2014-2017 calendar years. This report contains the purpose of PREA, Agency Achievements and Accomplishments in their continued compliance with PREA Standards, Attachments showing years 2014, 2015, 2016, and 2017 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.

In an interview with the Agency PREA Coordinator, he reports that data is collected and aggregated routinely and annually. This information is used to prepare the Agency annual report. The report is data driven and therefore no personal information would be used; thus no identification of redacted information is necessary.

In an interview with the Agency PREA Coordinator, he reports that corrective action is conducted on an on-going basis that includes remedial actions, and recommendations by the PREA Incident Review Committee.

In an interview with the Agency Head, he confirmed that the incident-based data is used to assess and improve their systems and is addressed by the Executive Committee. Verification of any corrective action is conducted during mock audits that are conducted.

In an interview with the Agency Head, he reports that the annual report is approved by the Office of the Attorney General and the Governor's Office.

A review of the Agency website was conducted and it was discovered that the Annual Report is made available to the public.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirement of the standard.

## **Standard 115.389: Data storage, publication, and destruction**

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

### **115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

### **115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No



### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

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.

A statement from the IT department states that data will be encrypted and password protected to prevent unauthorized dissemination.

In an interview with the Agency PREA Coordinator, he reports that all data gathered is securely maintained due to the sensitive nature of information within the data. The data collected is secured through password protections and access is limited to only a few individuals based on their Agency duties.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard as identified due to the length of time that files are maintained.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Agency website provides prior PREA audit reports for viewing and all of the Agency facilities received PREA audits as required. The auditor was provided a complete tour of the facility without restrictions. The auditor was permitted to receive confidential information upon request. The auditor was able to interview staff and youth in a private area. While residents were permitted to send correspondence to the auditor, no communication was received by the auditor.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

The Agency website provides prior PREA audit reports for viewing and all of the Agency facilities received PREA audits as required.

Based on the information discovered in agency policies, observations, documentation reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Bobbi Pohlman-Rodgers \_\_\_\_\_

05/17/2018 \_\_\_\_\_

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.