

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** April 6, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Bobbi Pohlman-Rodgers			
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<b>Email:</b> bobbi.pohlman@us.g4s.com			
<b>Telephone number:</b> 954-818-5131			
<b>Date of facility visit:</b> March 9, 2016 – March 10, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Southern Transitional			
<b>Facility physical address:</b> 800A Buffalo Avenue, Egg Harbor City, NJ 08215			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 609-965-5200			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Interim Superintendent William Hudgins			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 32			
<b>Current population of facility:</b> 15			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 15-21			
<b>Name of PREA Compliance Manager:</b> William Hudgins		<b>Title:</b> Interim Superintendent	
<b>Email address:</b> William.hudgins@jjc.nj.gov		<b>Telephone number:</b> 609-965-5200	
<b>Agency Information</b>			
<b>Name of agency:</b> New Jersey Department of Public Safety - Juvenile Justice Commission			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1001 Spruce Street, Trenton, NJ 08625			
<b>Mailing address:</b> <i>(if different from above)</i> PO Box 107, Trenton, NJ 08625-0107			
<b>Telephone number:</b> 609-292-1400			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Kevin M Brown		<b>Title:</b> Executive Director	
<b>Email address:</b> kevin.m.brown@jjc.nj.gov		<b>Telephone number:</b> 609-292-1400	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Luis A. Valentin		<b>Title:</b> Chief of Employee Relations & Legal Affairs	
<b>Email address:</b> luis.valentin@jjc.nj.gov		<b>Telephone number:</b> 609-341-3196	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Southern Transitional received an on-site PREA audit beginning March 9, 2016 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the auditor sent to the facility the Audit Notices in both English and Spanish to be posted at the facility in areas that were accessible to both residents and staff. The facility provided to the auditor, within 4 weeks of the audit, a completed Pre-Audit Questionnaire and flash drive which contained all requested documents. One week prior to the audit, the auditor contacted the Interim Superintendent and reviewed the daily itinerary, as well as requested additional documents to be made available upon the auditors arrival. These documents included a list of staff and residents from which the auditor would select interviewees.

The auditor met with Interim Superintendent William Hudgins on March 9, 2016. The discussion included the daily activities for the two day on-site audit, interviews, tour of the facility, additional documentation request time frames, and the process of the 30-day report.

A tour of the facility was conducted. This included the administrative offices, administrative hallways, control room, group area, dayroom, housing hallways and indoor recreation area. Additionally, this facility is collocated with the Atlantic County Youth Detention Facility and there are shared spaces between the two programs that include the kitchen, dining room, laundry, and gymnasium.

Immediately following the tour, the auditor reviewed the list of staff and residents. The auditor selected at random both staff and residents to interview. There were a total of 12 specialized interviews, 6 random staff interviews, and 9 random youth interviews. The Executive Director, Agency PREA Coordinator, Investigator and Human Resource staff were interviewed prior to this audit

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Southern Transitional has been in service for over twenty years addressing the needs of adjudicated youth. The facility is a single story building located in Atlantic County, approximately twelve miles from Atlantic City. This program is collocated with the Atlantic County Youth Detention Facility and they share common areas, such as the kitchen, dining hall, laundry, and gymnasium.

This facility provides transitional services to adjudicated males aged 15 – 21 years of age. The program houses 32 youth when filled to capacity. On the day of the audit, there were 15 residents in the facility. The average length of stay is 5 months. Residents have an opportunity to earn time off their time at the program based on overall program performance.

Residents at Southern Transitional participate in regional schooling at another JJC facility. The educational program follows the Core Curriculum Content Standards of the NJ Department of Education. Students may take advantage of the opportunity to earn their General Education Diploma. Those residents who obtained their diploma or equivalency may be eligible to further their education through the Employment and Support Work program and college courses.

Each resident completed a Comprehensive Intake Assessment at intake. This tool guides the development of and serves as the foundation for an individualized Case Action Plan (CAP). The CAP is based upon individual identified needs during the assessment. Those residents, at least 16 years of age, may be eligible for the transitional component of the program. This component focuses on responsibilities as they prepare to return to the community.

All residents who are eligible participate in local religious services. Church volunteer groups coordinate activities with residents at the program such as counseling and Bible Study. Additionally, residents may earn supervised privileges for community trips.

The goal for each resident is to be released with their social security card, birth certificate, an identification card (County ID or Motor Vehicle ID), an education plan, if needed, and full counseling services. Southern Transitional is committed to providing a continuum of services designed to meet the aftercare needs of the individual resident.

The facility houses two separate areas: one for staff that includes offices and a large conference room and a second area for residents that includes a day room, indoor recreation area, and housing. The resident housing allows for two residents per room. There is a general bathroom with 2 urinals and 3 stalls that are not able to be observed easily by cross-gender staff. Privacy of the showers is offered through shower curtains and a window in the door. There was one room noted to have a blind area due to the layout of the furniture. The Interim Superintendent had the furniture rearranged within hours.

There is an outdoor sports field for residents to participate in a variety of activities, as well as an indoor recreation area that includes a pool table, weights, and ping-pong table.

There are no cameras at the program. There was no communication received by the auditor prior to the audit.

## **SUMMARY OF AUDIT FINDINGS**

The facility staff provided information prior to, during, and immediately after the audit. A review of the documents, facility grounds, and systems found that the facility is compliant with PREA standards. Staff interviews confirmed the staff's knowledge of policies, procedures, and practices, as well as expectations of protecting the residents. The residents were able to articulate the various methods of reporting sexual abuse or sexual harassment. Throughout the facility, PREA information was posted in areas where both staff and youth had access.

On March 10, 2016, the auditor concluded the on-site audit by meeting with the Interim Superintendent/PREA Compliance Manager and the Agency PREA Coordinator. The auditor reviewed the findings and requested additional information be provided within the next 21 days. It was noted that the Interim Superintendent had recently stepped into this position and was responsible for job duties as both the Superintendent and PREA Compliance Manager. His knowledge of the program and standards of PREA made this process very smooth.

During the 21 day period before the final report was written, the facility provided the remaining documents. After a review, this auditor finds that the facility is in full compliance with the Prison Rape Elimination Act.

Number of standards exceeded: 5

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Agency policy 14ED:01.02 addresses all components of the Zero Tolerance standard. The policy includes definitions of sexual abuse and sexual harassment that agree with the Prison Rape Elimination Act definitions. The policy includes prohibited behaviors regarding sexual abuse and sexual harassment. Sanctions for violation of the rules are included. The policy includes a description of the strategies and responses used to reduce and prevent sexual abuse and sexual harassment at the program.

Luis A. Valentin, Chief of Employee Relations & Legal Affairs, is the Agency PREA Coordinator and he is recognized on the organizational chart. During an interview, and subsequent contact with Mr. Valentin, his dedication to ensuring the state's compliance with the PREA standards is acknowledged. He has worked diligently to provide appropriate protection to the youth of New Jersey. He reports sufficient time to attend to these duties with the assistance of the Facility PREA Compliance Managers and a PREA team.

William Hudgins, Interim Superintendent, is also the Facility PREA Compliance Manager since September 2015. He reports utilizing his time to attend to the duties of both positions and has accomplished much utilizing the staff at the program. There was recently a new staff brought in to serve as the Assistant Superintendent and this will provide some relief as this person will also resume the title of the PREA Compliance Manager.

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

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

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

### **Standard 115.313 Supervision and monitoring**

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

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Policy 13ED:01.29 addresses staffing plans for secure facilities. Policy 09CP:09.01 addresses the specific supervision for this facility. Detailed in the policy are requirements for certain staffing patterns and posts during identified activities. The policy is clear as to the requirements of supervision.

The annual review of the staffing plan was conducted on February 5, 2016 and included Director of Community Programs, Human Resource Manager, Special Projects Manager, and the Chief of Employee Relations & Legal Affairs/PREA Coordinator. The review notes that prior staffing plan meetings were held in May 2015 and October 2015. The staffing shows that the facility shows a requirement for 15 dedicated full-time staff. There is currently one position open – a Youth Worker Supervisor. There have been no deviations from the staffing plan as staff are held over to cover the position. Deviations from the plan would be noted in the Shift Report as per interview with the PREA Compliance Manager.

Policy 14ED:01.02 addresses unannounced rounds within the facility by a Sgt. or higher and documentation was provided that confirmed this practice. A review of the documentation provided on the flash drive shows that the facility met the requirements from October 2015 to December 2015. A review of the January and February 2016 logs indicated that the unannounced rounds were not conducted as per policy. This was as a result of the loss of the Superintendent and Mr. Hudgins filling both positions.

Within 21 days of this on-site visit, the Interim Superintendent provided proof of all documented unannounced rounds as required by policy for March 2016 and a plan to ensure that all unannounced rounds are conducted through December 2016 and documented in the Rounds logbook. This plan was provided as a memo on March 15, 2016 to Senior Supervisory Staff.

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

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

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NJAC 13:103-11 addresses cross-gender searches in Community Programs and is mirrored in Policy 14ED:01.02. Both prohibit cross-gender searches except in emergent situations. Policy dictates that if conducted, they must be authorized and documented, including the reason for the cross gender search, as per NJJC Directive, Date 01/09/2013. An interview with the Facility PREA Compliance Manager confirmed their commitment to no cross-gender searches are permitted or conducted. However, interviews with staff did not confirm that they were knowledgeable regarding the searching of a transgender or intersex resident. During the 21 days after the on-site audit, the facility provided proof of retraining for all staff on searching residents, including transgender and intersex residents. This was completed on March 18, 2016 and a signed roster was provided to the auditor for review.

Policy 09CP:09.01 addresses specific supervision of residents at this facility. This includes staff positioning when residents are in the showers or bathroom. Policy 14ED:01.02 prohibits the searching of a residents to determine genital status. A memo from the Superintendent on November 15, 2015 reminded all cross-gender staff of the positioning themselves to afford residents privacy. This memo also addressed the requirement for cross-gender staff to announce themselves in the hallway of the dorm and when entering the shower area or bathroom. It was noted that there is a poster in the areas where cross-gender staff are reminded to announce themselves.

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

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

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

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.

Policy 14ED:01.02 prohibits the use of residents to translate for another youth. There is one identified staff interpreter for Spanish who has agreed to work directly with both Southern Transitional and the Atlantic County Youth Detention Facility to provide translation services upon request.

### **Standard 115.317 Hiring and promotion decisions**

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

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Policy 14ED:01.02 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. 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 applicants for non-law enforcement positions. 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. A memo dated 8/20/2014 by Executive Director Kevin Brown confirms background checks and material omissions. Three questions regarding previous misconduct is documented on the BI-001 form which is required for the completion of a background check.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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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 in the interview with the Interim Superintendent/PREA Compliance Manager. It was also noted that any upgrades or modifications would consider the safety of the residents.

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

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

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Policy 13OOI:01.04 requires the Office of Investigations to investigate allegations of sexual abuse. Policy 13OOI:01.29 requires a uniform evidence protocol is utilized that meets the requirements of the standard. Policy 14ED:01.02 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 this advocate is available for all interactions during the examinations, investigatory interviews and for additional support and crisis services. An interview with the Investigator confirmed findings.

Forensic examinations are offered through the Atlantic County Sexual Violence Program and the Atlantic County Prosecutor's Office. This is a component of the state-wide program to address the needs of sexual abuse victims. In allegations where sexual abuse is made, the Atlantic County Coordinator is notified which will trigger the start of the SANE/SART services. This team includes law enforcement, nurse/physician examiners and victim advocates. The resident would then be transported to either the Atlanticcare Regional Medical Center – City Campus or Shore Memorial Hospital. Both of these hospitals offer forensic examinations by certified staff. The SART (Sexual Assault Response Team) will contact an advocate for the victim. The Interim Superintendent/PREA Compliance Manager was very aware of all services provided.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Policy 14ED:01.02 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. Policy 14OOI:01.29 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. This information was confirmed with the Facility PREA Compliance Manager and Investigator. 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).

### **Standard 115.331 Employee training**

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

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Policy 14ED:01.02A identifies training that is appropriate to gender for all staff and requires additional training if a transfer of staff assignment. The training provided to employees includes: 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. The agency maintains documentation of an employee's training through signature. The training addresses needs for both genders. A review of a signed training rosters showed that all staff had completed PREA training in 2013 and 2015. Additional refresher training in 2014 was documented on a variety of memo's sent out from the administration or from the Agency.

All staff carry a PREA card issued by the Agency. This card describes all steps to be taken if a staff is made aware of any knowledge or information regarding an alleged sexual abuse incident. The card additionally covers confidentiality of information.

### **Standard 115.332 Volunteer and contractor training**

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

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Policy 14HR:07.02: 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 eight volunteers at the program. Interview with one of the volunteers confirmed his knowledge of steps to be taken if he becomes  
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aware of an incident of sexual abuse and sexual harassment. The auditor reviewed the training Acknowledgement forms for the volunteers.

### **Standard 115.333 Resident education**

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

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Upon intake, a resident is provided the Handbook and PREA Brochure. All information is available in English and Spanish, with material in other languages provided as the need is identified. Every 10 days, all residents shall meet for the PREA house meeting. This meeting is to cover the PREA educational material with new residents. The existing residents shall narrate the PREA educational PowerPoint for the new residents. Additionally, at intake a new residents is paired with an existing residents to assist them through the programming, rules and PREA information. The Buddy Program continues until the new resident is able to articulate all rules and PREA information. Prior to the audit, the program did not document all aspects of this program, specifically documented training. However, interviews with residents confirmed that they did receive information at intake and within 10 days. During the 21-day window, the facility conducted PREA training for all residents and provided signed rosters and signed Acknowledgements of having received PREA education.

There is a PREA board in the program that contains youth information, including outside support services. Additional PREA information is posted throughout the program.

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. There is a box for the PREA Compliant Form at the door on the main floor of this building.

### **Standard 115.334 Specialized training: Investigations**

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

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Policy 14ED:01.02 identifies specialized training for investigators. In conjunction with the Moss Group, a select group of investigators has completed the Train-the-Trainer class. All investigators at the Office of Investigators have received appropriate training, which includes juvenile interviews, sexual abuse interviews, Miranda warning, Garrity warning, evidence collection and criteria for substantiating a case for administrative action or prosecution referral. The documentation of attendance is maintained through employee signature. Six investigators completed training on 06/18/2014 and a copy of these rosters was made available to the auditor.

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

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

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All medical and mental health staff have completed specialized training to include signs of sexual abuse/harassment; preserving physical evidence of sexual abuse; responding to juvenile victims of sexual abuse/harassment; and how and to whom to report allegations or suspicions of sexual abuse/harassment. This training is in addition to required staff PREA training.

Interview and file review of the medical staff assigned to the program found that she has completed SANE training in July 2014, as well as the Agency standard PREA training for staff.

No forensic examinations are conducted on site. All residents who report a sexual assault are transported to Atlanticcare Medical Center, where a SANE can be conducted.

Mental Health services are provided by Rutgers. A psychologist is present at the program each week to provide services for all residents.

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

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

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All of the required information is gathered at intake using the Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization and the Safe Housing Assessment form. These tools are used to determine a residents’ potential to be vulnerable to victimization or to be sexually aggressive. All forms provide for questions/answers that meet the requirement of the standard.

There is a Reception Classification Committee who reviews these documents for risk factor at initial intake. A review of documentation provided confirmed that this process is followed. The Intake staff interview confirmed the completion of the Risk Screening tool as noted above.

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.

#### **Standard 115.342 Use of screening information**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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Policy 13ED:01.02A 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. 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.

There is a Reception Classification Committee who reviews these documents for risk factors. This is completed on day one of a resident's stay at the facility and is used in determining appropriate placement that provides for protections for vulnerable youth. Policy 13ED:01.02A 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.

Isolation is prohibited at this facility. Separation, if used, would be used only long enough for ensure the safety of the residents and to await transport.

With this program maximum time being 5 months, a review of transgender or intersex housing is not applicable unless warranted.

### **Standard 115.351 Resident reporting**

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

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The agency provides multiple ways for a residents to report allegations of sexual abuse or sexual misconduct, retaliation and staff neglect of responsibilities. Policy 14ED:01.02 addresses this requirement. Residents can report verbally, in writing as a juvenile statement or Request and Remedy to Investigators or Ombudsman, by phone to the Ombudsman/family/attorney, and by phone to the sexual abuse hot-line. Additionally, the agency has implemented a PREA Complaint form that is an emergency written process for reporting. There are two phones available for residents use. The hot-line goes directly to RAINN (Rape, Abuse, Incest, National Network).

A memo dated October 15, 2015 was also issued to all residents detailing specific methods of reporting PREA allegations. This memo also details how a third-person report can be made. The agency has a specific form for this which is available on their website.

Youth interviews confirmed their knowledge of the various ways to report abuse. Staff interviews confirm that they are aware of two ways to report outside of the facility: The DCP&P Child Abuse Hotline and the Office of Investigations.

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

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

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

Policies 14ED:01.27, 13ED:01.27 and 09CD:13.02 address 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.

There is a third party complaint reporting form on the state website. The Facility PREA Compliance Manager has confirmed that any grievance reporting sexual abuse would be immediately forwarded to the Office of Investigations for an immediate review and investigation. A locked box was observed for these forms in the program.

#### **Standard 115.353 Resident access to outside confidential support services**

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

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

The New Jersey Coalition against Sexual Assault has a variety of services to both survivors of sexual violence and their loved ones. There is documentation that the Agency is working towards an Agency wide outside confidential support service providers. In the interim, the agency has identified victim advocacy services in the surrounding counties. Interviews with youth found that they were aware of a list of agencies that would be able to provide services, but they were unclear as to all the types of services that could be provided. The facility conducted a training of all residents and provided them a list of agencies and services available. Additionally, this information will now be handed out during intake and posted within the program.

Policy 09CP:13.02 provides that the Facility Administrator (Superintendent) shall make residents aware of the confidentiality of communication with these services. Residents are provided reasonable and confidential access to their attorneys or other legal representatives through telephone communication when they wish, through scheduled visits and through the US mail at any time.

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

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

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

Policy 14ED:01.02 will allow the agency to accept third-party allegations of sexual abuse or sexual harassment. 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 confirm that third-party complaints will be investigated.

#### **Standard 115.361 Staff and agency reporting duties**

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

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

Policy 14ED:01.02 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 (DCP&P). 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).

Additionally, staff are required to complete a Suspected Child Abuse Report which is then called into the DCP&P Child Abuse Hot-Line. Staff interviews confirm their knowledge of reporting requirements. Medical staff provide residents of their duty to report and the limitations of confidentiality. Additionally, medical staff is aware of the requirements of being a mandatory reporter.

#### **Standard 115.362 Agency protection duties**

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

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

Policy 14ED:01.02 requires all staff to immediately respond in the event information is discovered that a resident is in substantial risk of sexual abuse. All staff were able to articulate steps to be taken. An Interview with the Interim Superintendent found that he is clear on the required protections to be implemented upon notification of imminent sexual abuse.

### Standard 115.363 Reporting to other confinement facilities

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

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

Policy 14ED:01.02 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. There have been no allegations received from other facilities/agencies.

### Standard 115.364 Staff first responder duties

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

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

Policy 14ED:01.02 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. All staff are trained as first responders. There have been no reports of sexual abuse in the past 12 months. Interviews with staff confirmed their knowledge of the requirements as a first responder.

### Standard 115.365 Coordinated response

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

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

The agency has a facility specific Sexual Abuse Incident Check Sheet that details the specifics of their Coordinated Response Plan. This form addresses all components of the standard. This checklist includes contact names and phone numbers for key staff to ensure notification is made in a timely manner. This includes all outside contact information as well.

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

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

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

Bargaining unit contract allows for the removal of staff for purposes of protecting residents.

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

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

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

Policy 14ED:01.02 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. There was no review of a file for compliance as there have been no allegations requiring monitoring. The Interim Superintendent/ PREA Compliance Manager was aware of all requirements in the event monitoring is required.

### **Standard 115.368 Post-allegation protective custody**

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

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

### **corrective actions taken by the facility.**

This standard is N/A as this facility does not have protective custody.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

Policy 14OOI:01.29 requires an investigation of all PREA related incidents. All investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by the standard. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. An interview with an Investigator previous to this on-site audit confirms knowledge, policy, and procedures.

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

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

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

The agency does not impose a standard higher than a preponderance of the evidence for administrative cases. This was confirmed by an interview with the Investigator.

### **Standard 115.373 Reporting to residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Policy 14ED:01.12 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). Additionally, the Superintendent or designee is required to inform a resident of the status of a case against a staff member or other resident. Policy requires all notifications to be documented. This was confirmed through an interview with the Interim Superintendent/PREA Compliance Manager. There were no investigations at this facility that required reporting the outcome to a resident.

#### **Standard 115.376 Disciplinary sanctions for staff**

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

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

Policy 14ED:01.02 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. There were no allegations of staff sexual misconduct at this facility.

#### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

Policy 14ED:01.02 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 facility has no volunteers and one contractor. There have been no allegations of contractor sexual misconduct at this facility.

#### **Standard 115.378 Disciplinary sanctions for residents**

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

- Does Not Meet Standard (requires corrective action)

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

ADM 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. This information was confirmed through an interview with the Interim Superintendent/PREA Compliance Manager.

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

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

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

Policy 09MS:3.02 requires that any resident who reports prior victimization or prior perpetrated sexual abuse is to be immediately referred for medical or mental health counseling. While there is no current policy that addresses informed consent for resident's over the age of 17, the agency has provided a memo from the Executive Director that implements a policy change effective immediately. This memo is dated October 14, 2014. This will be incorporated into the agency policy during the next policy review process. Completed at classification, a referral is immediately sent if there is prior sexual victimization or prior perpetrated sexual abuse. There was one resident who reported a prior victimization who received services as required.

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

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

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

Policies 13HS:01.01, 09MS:A.13 and 14ED:01.02 address immediate transfer to SANE facility for treatment for residents who report sexual abuse. Medical and mental health staff is advised and available for follow-up care upon the residents return. There are two SANE locations for this facility: Atlanticcare Regional Medical Center - City Campus and Shore Memorial Hospital. Upon the resident's return, mental health staff would meet with the youth for crisis intervention.

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

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

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

14ED:01.02 requires all residents who report victimization, regardless of when and when it took place, to be referred for treatment and counseling as identified. Services are consistent with the community level of care and would be provided by community physicians or the local hospital. Mental Health services would be provided at the program. Victims shall receive appropriate STD counseling and treatment as identified. Treatment services are offered at no cost to residents and within 14 days.

### **Standard 115.386 Sexual abuse incident reviews**

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

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

Policy 14ED:01.02 requires an incident review at the conclusion of an investigation of sexual abuse. The agency utilizes a Sexual Abuse Incident Review Form that allows for the documentation of all required components of the standard. There has been no allegations of sexual abuse at the facility and therefore no incident review was reviewed by the auditor.

### **Standard 115.387 Data collection**

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

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

The agency collects data as per required by the DOJ SSV. There are no contracted facilities, so facilities only under their direct control is noted in the data collection. The agency maintains all files as per PREA standards. This information is maintained by the IT department in the Juvenile Information Management System (JIMS). This information can be access as required to provide reports.

**Standard 115.388 Data review for corrective action**

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

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

On March 4, 2016, the Executive Director issued a 2015 PREA report that details the agency’s commitment towards compliance with PREA. The report details the steps taken by the agency, as well as the individual facilities in the calendar years 2014 and 2015. There is comparison data from 2014 and 2015. No specific information was redacted and therefore there is no statement of the nature of the material redacted from the report. A brief synopsis is noted on the agency website with a full report upon request.

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

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

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

Data will be maintained for 10 years from the date of the initial collection and within the provisions of NJAC 15:3-2. Data collected will be maintained securely and will be encrypted and password protected to prevent unauthorized dissemination. The agency website contains a brief synopsis of the 2014 and 2015 report, with a full report available upon request.

**AUDITOR CERTIFICATION**

I certify that:

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

Bobbi Pohlman-Rodgers

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April 8, 2016

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Auditor Signature

Date