

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



[Following information to be populated automatically from pre-audit questionnaire]

Name of Facility: Albert Elias RCH

Physical Address: 479 West Burlington Street, Bordentown, NJ 08505

Date report submitted: 09/12/2014

Auditor information

Address: PO Box 4068, Deerfield Beach, FL 33442-4068

Email: bobbi.pohlman@us.g4s.com

Telephone number: 954-818-5131

Date of facility visit: 7/14/2014

Facility Information

Facility Mailing Address:
(if different from above)

Telephone Number:

The Facility is:

<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
<input type="checkbox"/> Private not for profit		

Facility Type: Detention Correction Other:

Name of PREA Compliance Manager: Jackson Lee **Title:** YW Supervisor

Email Address: jack.lee@jjc.nj.gov **Telephone Number:** 609-466-0740

Agency Information

Name of Agency: New Jersey – Juvenile Justice Commission

Governing Authority or Parent Agency: (if applicable) State of New Jersey;
Department of Law & Public Safety

Physical Address: 1001 Spruce Street, Suite 202, Trenton, NJ 08638

Mailing Address: (if different from above)

Telephone Number: 609-292-1400

Agency Chief Executive Officer

Name: Kevin M Brown **Title:** Executive Director

Email Address: kevin.m.brown@jjc.nj.gov **Telephone Number:** 609-292-1400

Agency Wide PREA Coordinator

Name: Luis Valentin **Title:** Chief of Employee Relations

Email Address: luis.valentin@jjc.nj.gov **Telephone Number:** 609-341-3196

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted on July 14, 2014 by DOJ certified PREA Auditor Bobbi Pohlman-Rodgers. The auditor was graciously welcomed with a tour of the facility, both inside and all outside by Interim Superintendent John Davis and PREA Manager Jackson Lee. The facility was very prepared and had all documentation organized and had additional information for the auditor in a binder.

During the tour there was one area that was identified as a blind area – at the top of the attic steps. While there is a gate to impede access at the bottom of the second floor stairway, the gate is not locked and allows for the unauthorized presence of an individual. The facility was going to look at the possibility of a padlock for this gate. Appropriate posters were present in various areas in which the youth have access, as well as a phone that dials directly to the National Hotline in the lobby.

DESCRIPTION OF FACILITY CHARACTERISTICS:

This facility is located in Bordentown, NJ and is a part of the Johnstone Campus. This is a non-secure male facility. Youth admitted to this program are 17 years of age and older, have either a GED or High School Diploma, and are committed or on probationary status.

The program is all in one building. There are various areas for recreation, laundry, storage, a beauty shop, a computer room and a program room besides the youth's bedroom. The shower room consists of 5 stalls with doors. A staff member is positioned outside to ensure the safety of the youth.

The focus of this facility is preparation for successful workplace and community living. Youth are provided various life and social skills, which include culinary, building maintenance, banking/money management, and parenting. Youth are also provided assistance in secondary school preparation and participation through classes on filling out an application, SAT preparation, and applying for financial aid.

The majority of the youth work for the Bureau of Special Services, a warehouse environment that teaches furniture restoration, computer maintenance and other general warehousing tasks. Other youth may participate in other opportunities such as community services.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	36
Number of standards not met:	0
Number of standards N/A:	2

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Agency policy 14ED:01.02 addresses all components of the Zero Tolerance standard. Luis Valentin is the Agency PREA Coordinator and he is recognized on the organizational chart. Jackson Lee is the Facility PREA Compliance Manager. Both report sufficient time to attend to these duties.

§115.312 - Contracting with other entities for the confinement of residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)
- X N/A

Auditor Comments (including corrective actions needed if it does not meet standard)

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

§115.313 - Supervision and monitoring

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 13ED:01.29 addresses staffing plans for secure facilities. It 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, 2014. On April 8, 2014, an annual review was completed that included all factors as required by the standard. The facility currently maintains a 1:8 day and 1:16 evening staff to youth ratio. Policy 10ED:01.02 requires unannounced rounds in secure facilities by a Sgt or higher. While not a secure facility, these are completed by the Youth Worker Supervisor and Superintendent 1x per month on each shift.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 addresses the prohibition of cross-gender searches except in emergency situations. Policy dictates that if conducted, they must be authorized and documented, including the reason for the cross gender search. The agency has specifically trained six staff as “Train the Trainers” to conduct training at their facility on cross-gender searches

The agency does provide for youth to shower, perform bodily functions, and to change clothing without opposite gender staff observing. Additionally, there is a requirement for all opposite gender staff to announce their presence upon entering the second floor, where all housing is located.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency has available material in English and Spanish, and has established interpreting services for deaf youth. Youth with learning disabilities will be assisted through the Office of Education for ESL assistance. The agency reports that additional materials will be made available when the need is identified; however they continue to pursue other resources for providing ready-made information. The agency prohibits the use of resident interpreters.

§115.317 – Hiring and promotion decisions.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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. Material omissions by an employee is subject to termination.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)
- X N/A

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 1300I:01.04 requires the Office of Investigations to investigate allegations of sexual abuse. Policy 1300I: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 youth 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 agreement with Rutgers University Behavioral Healthcare dated 6/18/14 for the provision of crisis services and SANE examinations through Virtua Memorial Hospital, 175 Madison Avenue, Mount Holly, NJ 08060.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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. There are zero allegations at the facility of sexual abuse or sexual harassment. : The PREA policy can be found at the states website www.nj.gov/lps.jjc.prea.html.

§115.331 – Employee Training

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

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 all 11 of the required components. The agency maintains documentation of an employee’s training through signature.

§115.332 – Volunteer and contractor training.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

All volunteers and contractors receive training appropriate to their level of contact with youth. This documentation is maintained through volunteer/contractor signature.

§115.333 – Resident education.

Overall Determination:

- X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Currently the agency provides comprehensive PREA education within 72 hours of intake, clearly exceeding the

standard of comprehensive education within 10 days. At the time of screening, each youth receives information regarding the agency's zero tolerance policy and how to report incidents of sexual abuse or sexual harassment. The *Resident's Guide to PREA* is available in both Spanish and English. Additional resources are available through interpreters for deaf youth and through the education department as identified to assist youth. The youth receive a copy of the Resident Handbook which requires a signed signature page. Additionally, there are posters throughout the facility and brochures made available to provide continuing information.

§115.334 – Specialized training: Investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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. The documentation of attendance is maintained through employee signature.

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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. No forensic examinations are conducted on site. All youth who report a sexual assault are transported to a hospital with SANE services.

115.341 – Obtaining information from residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

All of the required information is gathered at intake. The JJC PREA Screening Form has been implemented that allows for documentation of youth conversation to specific questions as well as document review. This form is also used in housing placement at the facility level. Information is only available to the Administrative staff and the Social Workers.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 13ED:01.02A prohibits the placement of youth into a facility, assignment of roommate, education and work assignments based on LGBTQI status. While policy allows for placement of LGBTQI youth in room restriction, temporary close custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort, this facility has no segregation area. Should an event occur where a youth was unable to be safe, they youth would be transferred to a more appropriate facility. Isolation is not used at this facility. Policy allows for transgender and intersex youth to be able to shower separately from other residents upon request. The JJC PREA Screening Form is used for housing placement.

115.351 – Resident reporting.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

The agency provides multiple ways for a youth to report allegations of sexual abuse or sexual misconduct, retaliation and staff neglect of responsibilities. Youth 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 hotline. Additionally, the agency has implemented a PREA Complaint form that is an emergency written process for reporting. All forms are available in the dorm area. A Hotline phone is provided near the lobby of the facility for youth to make private calls. The hotline goes directly to the New Jersey Coalition against Sexual Assault (NJCASA).

115.352 – Exhaustion of administrative remedies.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policies 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 part complaint reporting information on the state website.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

There is on-going conversation between the agency and outside victim advocates for providing services as needed to the youth. Youth have access to a phone and to the mail as a form of communication with the outside agency. There are a number of identified victim advocacy programs that are identified and provided to each youth through the Resident Handbook. Youth are able to contact their parent/guardian through their assigned social

worker.

115.354 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency has created a 3rd Party PREA Complaint Form which will be made available on the state's website. This form allows for printing or fill-able format, which can then be printed and mailed to the Commission. The address for the Commission is on the form.

115.361 – Staff and agency reporting duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 requires all staff to immediately report any incidents of sexual abuse or sexual harassment to both the agency and the child abuse reporting agency. Staff are prohibited from revealing information to anyone who does not have a need to know. A memo dated August 20, 2014 requires reporting to the youth's attorney within 14 days, and to the parent or DCPD (if guardian).

115.362 – Agency protection duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 requires all staff to immediately respond in the event information is discovered that incidents a resident is in substantial risk of sexual abuse. All staff are able to articulate steps to be taken.

115.363 – Reporting to other confinement facilities.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 requires the Office of Investigators to provide, within 72 hours, notification to a facility where an allegation has been made and to document such notification. There has been no allegation to date.

115.364 – Staff first responder duties.

Overall Determination:

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

review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

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 to not destroy evidence. All staff are trained as first responders.

115.365 – Coordinated response.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

This facility has a facility specific checklist that addresses all requirements of a coordinated response by staff. This plan additionally addresses all outside resources by name, location and phone number.

115.366 – Preservation of ability to protect residents from contact with abusers.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

All staff report there is not a provision for the express denial of removing staff from the post in the event of a sexual allegation.

115.367 – Agency protection against retaliation.

Overall Determination:

X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 addresses the establishment of a policy to protect youth from sexual abuse or sexual harassment or retaliation for reporting, and to protect staff from retaliation for reporting. At the time of any report of sexual abuse or sexual harassment, the facility begins special supervision status and begins proceedings for youth transfer. A Retaliation Form is used and provides for status checks every 30 days and monitoring beyond 90 days as identified or needed.

115.368 – Post-allegation protective custody.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

For youth who have been placed in segregated housing to protect them have access to all normal programming within the facility, including recreation, education, and special education programs. Segregation or isolation is not used at this program.

115.371 – Criminal and administrative agency investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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 incidents 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. All documents regarding incidents are maintained in a binder.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency does not impose a standard higher than a preponderance of the evidence for administrative cases.

115.373 – Reporting to residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.12 requires that the resident be informed by the Executive Director or designee of the outcome of an allegation. Additionally, the Superintendent or designee is required to inform a resident of the status of a case against a staff member. Policy requires all notifications to be documented.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

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.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

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

review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

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.

115.378 – Disciplinary sanctions for residents

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

ADM 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process and appeals process. Disciplinary sanctions are commensurate with the nature of the incident and take into certain factors prior to imposing the sanction.

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

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policy 09MS:3.02 requires that any youth 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 youth over the age of 17, the agency has provided a memo from the Attorney General's Office that implements a policy change effective immediately. This will be incorporated into the agency policy.

115.382 - Access to emergency medical and mental health services

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

Policies 13HS:01.01 and 14ED:01.02 address immediate transfer to SANE facility for treatment for youth who report sexual abuse. Medical and mental health staff is also advised and available for follow-up care upon the youth's return. The SANE location for this facility is Virtua Memorial Hospital, 175 Madison Avenue, Mount Holly, NJ 08060.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X 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 Comments (including corrective actions needed if it does not meet standard)

14ED:01.02 requires all youth 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. Victims shall receive appropriate STD counseling and treatment as identified. Treatment services are offered at no cost to youth and within 14 days.

115.386 – Sexual abuse incident reviews

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency utilizes a Sexual Abuse Incident Review Form that allows for the documentation of all required components of the standard.

115.387 – Data collection

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

The agency gathers all information in an accurate and uniform method. The data collection process began in 2014. The data includes the SSV definitions and will be available annually on the state website.

The data gathered is maintained through the Juvenile Information and Management System (JIMS) electronic record system. It is the host of all JJC information for both youth and staff. Features of this system include: resident information (demographics, testing, plans, disciplinary, financial, gang, Medicaid, and parole), staff information (demographics, current position, title, salary, disciplinary, and union affiliation), Incident tracking system and Internal Affairs tracking system.

115.388 – Data Review for Corrective Action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

2014 will be the first data collection report. A system is in place to review data both by individual facility and by agency total to identify problem areas, to address corrective action, and for the preparation of the annual report. This information will in 2015 be compared to the prior year information

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard)

Data will be maintained for 10 years from the date of the initial collection. Data collected will be maintained securely. Data will be encrypted and password protected to prevent unauthorized dissemination. Data will be made public beginning February 2015.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Bobbi Pehlman-Rodgers

Auditor Signature

September 11, 2014

Date