

PREA AUDIT REPORT INTERIM FINAL
 JUVENILE FACILITIES

Date of report: 04/05/16

Auditor Information			
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Telephone number: (813) 918-1088			
Date of facility visit: March 7 – 8, 2016			
Facility Information			
Facility name: New Jersey Training School			
Facility physical address: 350 Spotswood/Gravel Hill Road, Monroe Township, NJ 08831			
Facility mailing address: (if different from above) PO Box 500 Monroe Township, NJ 08831			
Facility telephone number: (732) 521-0030			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Llionel W. Henderson			
Number of staff assigned to the facility in the last 12 months: 362			
Designed facility capacity: 330			
Current population of facility: 140			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 15-23			
Name of PREA Compliance Manager: Cleophus Hendrix		Title: Assistant Superintendent	
Email address: cleophus.hendrix@jjc.nj.gov		Telephone number: (732) 521-0030	
Agency Information			
Name of agency: New Jersey Juvenile Justice Commission			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 1001 Spruce Street, Suite 202, Trenton, NJ 08638			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: (609) 292-1400			
Agency Chief Executive Officer			
Name: Kevin 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 and Legal Affairs	
Email address: luis.valentin@jjc.nj.gov		Telephone number: (609) 341-3196	

AUDIT FINDINGS

NARRATIVE

The New Jersey Training School (NJTS) is a 330 bed male hardware secure facility located in Monroe Township and governed by the New Jersey Juvenile Justice Commission (JJC). This facility is JJC's largest facility in the state providing care, custody and treatment services for young men who are adjudicated delinquent and committed by the courts. Other residents detained in the Juvenile Reception Unit (JRU) from other jurisdictions are typically pending adjudication and/or disposition and commitment by the courts. The average age of the residents is between 15 - 23 years. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is three (3) years and subjected to one (1) year of post incarceration. A multi-disciplinary treatment team consisting of staff from administration, case management, medical, mental health/substance abuse, and direct care supervision determines resident's treatment needs and ensures continuity of treatment services from intake to release. There were one hundred forty (140) residents at the facility at the time of the review.

NJTS is staffed with three hundred and sixty-two (362) full-time and part-time employees. The staff consisted of: Superintendent; Assistant Superintendent, eight (8) Social Workers I & II; twelve (12) Mental Health Professionals and Substance Abuse Counselors; nine (9) Classification Personnel; two (2) Captains; ten (10) Lieutenants; sixteen (16) Sergeants; two hundred and nine (209) Senior Correction Officers and Youth Worker (custody staff); ten (10) Communication Operators, thirty-two (32) other staff (food service, maintenance and administrative office) and fifty-two (52) education staff.

The medical and dental staff providing services at the facility is contracted through Rutgers University Behavioral Healthcare. The medical staff consisted of: two (2) full-time clerical staff and twenty-seven (27) full-time and part-time licensed registered nurse practitioners, licensed registered nurses, licensed practical nurse providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. All residents are seen by a physician upon arrival to the facility. Additionally, all nurses are supervised by an on-site registered nurse manager who is responsible for coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental staff consisted of a dentist and a dental assistant providing dental services Monday through Friday consisting of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. Emergency services and forensic examinations are conducted at the Robert Wood Johnson Hospital, New Brunswick, New Jersey and St. Francis, Trenton, New Jersey.

Education services are delivered on site by General and Special Education instructors from the JJC Office of Education (OOE). NJTS provides individualized rehabilitative and mental health/substance abuse counseling services. Specialized treatment and services include life skills, behavior modification, substance abuse and anger management groups. All residents are afforded access to medical services, recreational, religious, and volunteer programs, as well as a variety of enrichment activities. Daily educational services are provided at NJTS through the New Jersey JJC Office of Education. OOE provides two (2) SPVR of Education, two (2) School Psychologists, forty (40) certified Teachers 1, 2 & 3, three (3) Consultant Sub., two (2) Education Program Assistants 1 & 2 and two (2) Principal Clerk Typists whom all share a common mission. The mission of the JJC Office of Education (OOE) to provide students in its custody with equal access to high quality educational instruction. This educational experience focuses on student-centered learning environments grounded in rigor, relevance, relationships and real world problem solving applications. It is their belief that all students have the ability to learn, given the proper instructional environment. The OOE must ensure that students are provided with an educational program that is compliant with the Common Core State Standards (CCSS), meets the requirements of the sending district, and the needs of its unique student population.

Upon entry, each student is given a battery of assessments to determine current levels of academic performance. Personalized Student Learning Plans (PSLP) or Individualized Education Plans (IEP) are developed for each student, based on the results of the initial assessments. Interaction between JJC educational sites and local school districts is frequent and ongoing. Beginning at the time of entry into a JJC program/facility, education staff work directly with the Local Education Authority (LEA) to provide the appropriate level of education, required services and inter-school communication to assure student success. The Site Education Supervisor (SES) conducts regular meetings with students to review progress, implement programs and prepare for transition back to the LEA. OOE goals consist of : (1) To redesign the instructional program, optimizing organizational and administrative efficiency, leading to improved teaching and learning; (2) To better serve the unique needs, interests, abilities and learning styles of individual students, utilizing multiple pathways for students to achieve success and (3) To deliver a comprehensive educational program specific to each student, while promoting opportunities for positive growth and development. Additionally, the goal of their educational programming is to prepare students for continued learning and workforce preparation by offering a wide-range of challenging academic and career-technical experiences that meet the needs of both special education and regular education students. Supplemental Educational Services are provided for classified students whose educational program is governed by an IEP. The OOE is focused on ensuring that students who participate in Career and Technical Education (CTE) programs are taught the same challenging proficiencies as public school students.

Course offerings are routinely evaluated to ensure they are meeting the needs and interests of our students, as well as meeting current growth trends and labor market demands. Students are provided with activities that will assist them in developing and mastering required proficiencies necessary to meet high school graduation requirements and/or entry-level employment. At NJTS Career and Technical Education courses offered are as follows: Applied Horticulture Sciences, Computer Literacy, Cosmetology – Barbering, Equine Science, Graphic Arts Technology, Introduction to Food Occupations, Recording Arts Technology, Sign and Design and Graphic Imaging Technology, and Video and Media Technology.

DESCRIPTION OF FACILITY CHARACTERISTICS

New Jersey Training School (NJTS) for Boys in Monroe Township also known as "The Training School" was opened in 1867 in an agricultural area of the State of New Jersey to provide a location for the rehabilitation of juvenile delinquents. NJTS is located on 1505 acre site of which approximately 109 acres are developed. NJTS campus includes service chapel, visitation hall, multi-purpose hall for various gatherings, staff dining and resident dining areas, full service kitchen area, ten housing units, several educational buildings (horticulture, equine science, building & trade science), a career and technical education building, recreation facilities, a medical and dental facility, several maintenance buildings (plumbing, carpentry, HVAC, masonry, painting & electrical) and several administrative buildings. Additionally, Daughters of the American Revolution are responsible for maintaining the historical cemetery located on the facility grounds. The primary focus of NJTS is to provide for residents and to create programs that will rehabilitate young offenders. NJTS provides a structured daily routine, which promotes consistency and predictability for residents and staff. Additionally, the "Behavioral Accountability Unit" is designed to provide residents with additional program services and supports. Residents who are struggling with assaultive, behavioral, or mental health concerns are provided more intensive services (case management, psychiatric, behavioral health). The daily routine maps out all facets of the day including meals, school, treatment services, health care, physical exercise, and bed time. Programs and services offered include the following:

- (1) **CULINARY ARTS PROGRAM:** A teacher certified in the area Culinary Arts teaches the Culinary Arts curriculum. The curriculum includes a four-section course outline. After each section, there is a test. If the test is passed, students are awarded a certificate. After four certificates, students can earn five (5) credits and can work in the Culinary Arts field when they are released.
- (2) **COSMETOLOGY/BARBERING:** The program is designed to teach barbering skills. Theoretical training is conducted in a classroom setting, consisting of lecture and instructor demonstration. In addition to theoretical knowledge, the student will be able to perform all barbering services including regular haircuts and shaves on a daily basis.
- (3) **VIDEO PRODUCTION:** The course provides students with a basic understanding of the technology behind video as an information medium, and some of the ways in which it is created to achieve its desired effect on an audience.
- (4) **PLANT SCIENCE:** The Plant Science Department offers students a comprehensive education in the field of horticulture. Students working in Plant Science have the opportunity to experience many different aspects of commercial horticulture. Students showing interest and aptitude in one area encouraged to concentrate their efforts in that area to explore the possibility of a future career.
- (5) **TECHNICAL EDUCATION LEARNING LAB:** The Learning Lab is an innovative program, which engages students in the exploration of Science, Technology, Engineering, Math and Media Arts through applied technology and project-based learning. In this integrated learning environment, students participate in seeking solutions to designated problems through collaboration, communication, research, applied hands-on activities and experimentation.
- (6) **MUSIC AND AUDIO TECHNOLOGY:** The goal of the Music and Technology Department is to offer the students a comprehensive experience of music and audio technologies while at the NJTS. Areas of studies include, Music Instruction, Music Production, Sound Reinforcement and Studio Recording.
- (7) **OPTICAL LAB:** The Optical Lab Program teaches the residents to craft eyeglasses. NJTS supplies eyeglasses to all juvenile residents as well as adult inmates in need of eye wear. Through this program, several residents received jobs with optical employers upon release.
- (8) **EQUINE SCIENCE:** This program offers residents the opportunity to work with retired racehorses. Residents learn all aspects of caring for horses including, grooming, stall clean-up and walking the horses.
- (9) **PLUMBING:** The Plumbing/Pipe fitting Program explores the range of knowledge in two closely related fields, sanitary plumbing and pipe fitting. Students gain experiences in these two fields through hands-on work, interactive computer programs, video presentations, graphic and text print materials, verbal instruction, written instruction, group discussion, and question & answer dialogue.
- (10) **CONSTRUCTION TECHNOLOGY CLASS:** Curriculum designed and based toward giving the residents opportunities to learn some of the tools, fabrication techniques and assembly methods in preparation for joining a union-level apprenticeship program leading into a career within a construction area.
- (11) **CHAPLAINCY SERVICES:** There is an opportunity for residents to express their religious beliefs and preferences. All residents who wish to attend services or have religious counseling may do so. The NJTS Chaplain conducts services and provides counseling to the entire population. Volunteer and mentor services are coordinated through the Office of Chaplaincy Services.
- (12) **FATHERHOOD PROGRAM:** An 8-week course is offered to the residents who are fathers. The program aims to empower and equip males to play a more active and positive role in the lives of their children and families.
- (13) **BOOKCLUB:** This voluntary club offers residents the opportunity to participate in a group setting while reading and discussing books.
- (14) **THE NEXT STEP-RE-ENTRY CENTER:** A one-stop shop prior to release, the Next Step Center provides residents with employment skills, social skills, and overall life skills. Residents participate in discussions related to returning home and remaining on the right path. Residents participate in video conferences, during which they are able to meet with their community program specialist, parole officer, and family to discuss their release plans and where they will receive the services in their community.
- (15) **LEO'S CLUB :** Sponsored by the Cranbury Lion's Club, the Leo's Club is a community service organization that allows residents to participate in worthwhile projects that contribute to the community. On a continual basis, the club plans and implements fund raisers and promotes social awareness. Examples include Mother's Day Flower Sale for Domestic Abuse, Thanksgiving Cookie Sale for Muscular Dystrophy, Holiday Card Sales for Homeless Youth, and Bracelet/Key Chain Sales for Breast Cancer Awareness.
- (16) **FAMILY ENGAGEMENT:** NJTS actively engages family and encourages participation in all aspects of resident life. The importance of family engagement has been enhanced by our engagement with the NJ Family Alliance and local Family Support Organizations.

In addition to the services listed above, OOE maintains Collaborative Partnerships and Post-Secondary Educational Opportunities for students, who meet established criteria for post-secondary educational opportunities, have the ability to complete coursework at county community colleges or county technical schools while in JJC custody. The JJC has strengthened and/or expanded partnerships with the LEA's, colleges, business and industry, not for profits and other governmental entities to facilitate re-entry efforts.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by January 25, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the JJC PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing, classification, education, recreation, medical, and administrative areas. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by February 8, 2016. The documents, which were uploaded to a USB flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. The majority of the supporting documents and noted concerns were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on March 7-8, 2016. An entrance briefing was conducted with the Superintendent, Assistant Superintendent and one of the Captains. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area, juvenile reception unit (intake), housing unit areas, behavioral accountability unit (BAU), central control, vocational and educational areas including school offices and classrooms, kitchen and dining area, and varied offices (classification, social work, medical and mental health) and maintenance. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the male unit/cottage areas did allow for some privacy.

During the two (2) day on-site visit, there were a total of one hundred forty (140) residents in the facility. There are ten (10) housing units however two (2) housing units were closed for renovation and two (2) residents were randomly selected from seven (7) cottages and three (3) residents were selected from the other cottage for the interview process. Also this auditor spoke with eight (8) residents asking various questions during the facility tour. A total of twenty-five (25) residents were interviewed on both days of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as the hot line, grievance process and or a trusted staff. The community victims' advocacy service and telephone number is available to the residents. There is evidence of efforts of JJC obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Forty-five (45) staff including those from all three (3) shifts, administrative and supervisory staff, medical and mental health staff, classification and social work staff, contracted staff (interns), the Superintendent and Assistant Superintendent and varied staff during the facility tour were interviewed. JJC Executive Director, JJC PREA Coordinator, Human Resources, and one of the Investigators had been interviewed prior to the arrival to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the JJC PREA Coordinator, Superintendent, Assistant Superintendent and one of the Captains. At the exit debriefing, it was discussed additional documentation was required for nine (9) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the PREA Coordinator. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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.

The initial review of the New Jersey Juvenile Justice Commission (JJC) Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] revised 1/11/2016, outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident the executive administration (Executive Director, Deputy Executive Director, and PREA Coordinator) and the PREA Executive Committee has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of New Jersey.

JJC has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of fourteen (14) residential facilities. The Assistant Superintendent is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of JJC Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements .

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

A review of the documentation revealed JJC does not contract for the confinement of residents with private entities or other entities, including other government agencies. This standard is not applicable to this facility.

Standard 115.313 Supervision and monitoring

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14ED:01.29 (Development of Post Plans in Secure Facilities) required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. In addition, to comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, the facility staff to resident ratios varied due to the housing unit and reduction of the resident population. In most instances throughout the past year the facility was in compliance with the standard, however during the two (2) day site-visit two (2) housing units were not in compliance during the sleeping hours. As the population increases staff to resident ratios will continue to vary. The JJC executive team will be revisiting the staffing of this facility to ensure compliance with this standard by October 1, 2017. The facility reported that there have been no deviations from the minimum staffing levels during the past 12 months. In addition, minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Unannounced rounds were documented in the unit logbooks, tour of duty report and confirmed through staff interviews. The Superintendent, Assistant Superintendent and assigned Supervisors conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

The initial review of the New Jersey Juvenile Justice Commission (JJJ) Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], The Department of Law and Safety Policy 13:95.5.6, 5.7 & 5.8 and NJTS Facility Operating Procedures (FOP) dated 1/11/16 and 6/1/14 revealed policy and procedures on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. There were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated that female staff entering the housing area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. All staff were able to describe what an exigent circumstance would be and all were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

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.

An initial review of the N.J.A.C. Policy 6A:14 and 6A:15 (Bilingual Education) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. There are posted signs throughout the facility in English and Spanish and classification/intake staff have access to a Directory from the NJ Division of the Deaf and Hard of Hearing referral list containing a contact list of free-lance sign language interpreters. OOE will provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Additionally, blind residents are provided with audio equipment and reading material in braille.

Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training documentation, pamphlet and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Additionally, all residents are provided an education video to observe and the resident handbook is available in Spanish.

Standard 115.317 Hiring and promotion decisions

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and 14 HR: 07.02 contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to state and federal criminal databases to conduct background checks, Child Abuse Record Information (CARI) checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. 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. Additionally, contractors who have contact with residents have documented criminal background checks. A review of the staff HR records contained the documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process.

Standard 115.318 Upgrades to facilities and technologies

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

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

NJTS has not been newly designed or had a substantial expansion or modification. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. During the tour, the video surveillance system in the central control was observed. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

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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Initial documentation review of JJC Policy 13001:01.04 (Evidence Collection, Control and Security) and Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed the Office of Investigations (OOI) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct.. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of efforts of JJC obtaining Memorandum of Understanding with Womanspace to provide confidential emotional support to residents who are victims of sexual abuse. Documentation was provided that the medical examiners at Robert Wood Johnson Hospital is SANE certified. Six (6) mental health staff were identified as qualified agency staff members who could provide victim advocate services to the residents if the rape crisis center is not available. All residents are offered a forensic medical examinations at no financial cost to the victim.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigators (OOI) for investigation. The PREA policy can be found at the state's website www.nj.gov/lps/jjc/prea.html. The facility has reported fifty (50) allegations of sexual abuse and sexual harassment resulting in administrative investigations and one (1) referred for criminal investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements. Additionally, the staff knew the agency to notified in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

Standard 115.331 Employee training

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training every two (2) years. All eleven (11) topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign an "Acknowledgment of Training" form and complete a question and answer exam upon completion of the initial PREA training. A review of sampled electronically maintained training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment.

Standard 115.332 Volunteer and contractor training

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14HR:07.02 (Periodic Criminal History Checks Employees, Volunteers, Interns and Contractors) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the same PREA training as the facility staff and the training is documented. All volunteers, interns and contractors are required to sign and date a "Training Acknowledgment and Policy Receipt" and complete a question and answer exam upon completion of the initial PREA training acknowledging they understand the training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training. Interviews with medical and mental health staff confirmed they had received the required specialized training through Rutgers University Behavioral Healthcare.

Standard 115.333 Resident education

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the Classification staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook is provided to them for future reference. After the review with the resident he is asked to sign various forms which include: Resident Handbook Rights & Orientation Receipt and Acknowledgment Signature form, to name a few verifying receipt for all information regarding orientation to the facility. All residents are provided a PREA pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and asked to watch a video on PREA. Both the Resident Handbook and PREA pamphlet are available in Spanish. Additionally, there is an Ombudsman and formal Request and Remedy procedure to allow the residents with another avenue of reporting sexual abuse and sexual harassment. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook, pamphlet and education video. Additionally, they indicated their social work staff have continued to provide this education on an ongoing basis. It is evident the facility has exceeded this standard by providing the residents with various ways to report sexual abuse and sexual harassment.

Standard 115.334 Specialized training: Investigations

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigations (OOI) for investigation. There are ten (10) investigators statewide who conduct investigations for JJC and all ten (10) have completed the "PREA Investigating Sexual Abuse in Confinement Setting for Investigators" course. Additionally, there was an investigation training at the facility level on how to conduct administrative investigations. All Superintendents statewide were required to attend this training. Documentation and Superintendent interview confirmed he attended the required training.

Standard 115.335 Specialized training: Medical and mental health care

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All medical and mental health staff received specialized training through Rutgers University Behavioral Healthcare. Interviews with four (4) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. Also, they indicated the University continually offers various trainings to keep them up-to-date with medical and or mental health requirements. None of the medical staff conduct forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the "Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization" form. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Classification reviews to reassess residents occur at forty-five (45), sixty (60), ninety (90) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident's on views of their safety in placement and programming assignments.

Standard 115.342 Use of screening information

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

- Does Not Meet Standard (requires corrective action)

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

JJC Policy 14 ED:01.02A [Prison Rape Elimination Act (PREA)] precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process (Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization and PREA Screening form) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The Classification staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. Recently, within the past several months, the facility stopped using isolation for residents. Additionally, a Safe Housing Assessment Report was recently implemented to determine the number of Low, Medium and High risk residents who identified with being victimized and/or sexually aggressive. There are ten (10) housing units with varied types of rooms (single and open bay).

Standard 115.351 Resident reporting

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and NJTS provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally, in writing and through observing a video how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the Division of Child Protection and Permanency (DCPP) hotline and/or Ombudsman, placing a written complaint (Remedy Request form) in the grievance box, and third party. While touring the entire facility, it was observed in the living areas postings of the Ombudsman information and PREA materials (posters). The victim advocate information postings were limited. Reporting procedures are provided to residents through the Resident Handbook. All staff and resident interviews along with the resident's handbook and supporting documentation verified compliance with this standard.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14 ED:01.27 (Remedy & Request Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written complaint in the grievance box located in various locations (dining area, living areas) throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response no later than twenty (20) days and within ten (10) days a resident can appeal the resolution. Resident interviews and documentation confirmed the grievance process relating to sexual abuse or sexual harassment.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is documentation of the JJC PREA Coordinator's efforts to obtain victim advocate services with New Jersey Coalition Against Sexual Assault (state-wide), the Contact of Burlington (local) and NJ Court Appointed Special Advocates (CASA). There have been no calls from residents to outside services in the past 12 months. Resident interviews revealed limited knowledge of how to access outside services. Additionally, resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides two calls to parents/legal guardians weekly, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. Posters were observed during the tour, the resident handbook and PREA pamphlet contained information of outside services including the Ombudsman services. However, additional education has been provided to the residents on victim advocate services and the telephone number is clearly posted for residents viewing.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 13 ED:01.05 (JJC Press and Public Information Policy) identifies the Commission's third party reporting process and instruct staff to accept third party reports. JJC website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident and created a Third Party PREA Complaint form which is available on the state's website. Additionally, parents/guardians receive information regarding third-party reporting from the facility. All resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, a Memorandum dated August 20, 2014 was issued instructing all staff on required notifications upon allegations of sexual abuse. All facility staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. All facility staff receive a PREA Staff Reference Guide with clear steps on how to report sexual misconduct and to maintain confidentiality. Additionally, all facility staff are required to complete a Suspected Child Abuse Report which is then called into the DCP&P Child Abuse Hotline, 4 hour PREA Screening form and the resident signs a juvenile consent form.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of JJC Policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel

safe at this facility and none had ever reported to staff that they were at substantial risk 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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the Superintendent where the alleged abuse occurred and to report it in accordance with JJC policy and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident to the Office of Investigators (OOI) for investigation and complete an incident report. The Superintendent had received two (2) allegations that a resident was abused while confined at another facility during the past 12 months.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Staff Reference Guide for Sexual Abuse Allegations requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been one (1) allegation of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with JJC policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], PREA Staff Reference Guide and NJTS Coordinated Response Plan provides a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and executive staff. Coordinated Response clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The First Responder, Shift Supervisor, Medical and Mental Health Staff, Superintendent, OOI and the Deputy Director of Operations or designee. Plans include instructions for accessing SANE/SART sites, Victim Advocates, Division of Child Protection and Permanency (DCPP), Commission for the Blind and Visually Impaired and Directory of Sign Language Interpreters Legal List. Interviews with the Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

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

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

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

Documentation was provided for five (5) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with American Federation of State, County and Municipal Employees (AFSCME) AFL-CIO (the Union). The second is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the Communications Workers of America (CWA) AFL-CIO (the Union). The third is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the International Brotherhood of Electrical Workers (IBEW). The fourth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the International Federation of Professional & Technical Engineers (IFPTE) Local 195 (the Union). And the fifth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey Investigators Association (NJIA) Lodge #174 (the Union).

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. JJC policy prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

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.

The initial review of this policy JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] contained information on post-allegation protective custody or guidelines for moving a resident to another housing area or another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility within the last several months discontinued the use of isolation. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another housing group or staff would be placed on "no contact with resident."

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14001:01.29 (PREA Investigations) require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigations (OOI) for investigation and determination of criminal charges. There has been one (1) reported investigation of alleged staff's inappropriate sexual behavior that occurred in this facility in the past 12 months. Additionally, this sustained allegation of conduct appeared to be criminal and was referred for prosecution in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14001:01.29 (PREA Investigations) contains all the elements of the standard and the Office of Investigations (OOI) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with one of the investigators indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Superintendent in consultation with legal and his supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; JJC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been one (1) reported investigation of alleged staff's inappropriate sexual behavior that occurred in this facility in the past 12 months. Additionally, this sustained allegation of conduct appeared to be criminal and was referred for prosecution in the past 12 months. There was documentation the resident was informed in writing of the investigation outcome. The Superintendent validated his technical knowledge of the reporting process during his interview.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with JJC policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been one (1) employee terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies. The Superintendent interview validated his technical knowledge of the reporting process was consistent with JJC policies and procedures.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during interview with the Superintendent. There have been no volunteers or contractors reported in the past 12 months.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. NJTS provides each resident with a Disciplinary Handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 09MS:3.02 (PREA Guidelines for Medical Staff) require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. There were no residents who disclosed prior victimization during their initial screening process. During the interviews with the medical, mental health and substance abuse staff confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], Policy 09MS:3.02 (PREA Guidelines for Medical Staff) and Policy 13 HS:01.01 (Access to Care) victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Lists of hospitals and rape crisis facilities are provided, along with contact information. Both Robert Wood Johnson Hospital, New Brunswick, New Jersey and St. Francis, Trenton, New Jersey are SART/SANE facilities provide emergency services and forensic examinations. Interviews with the medical and mental health staff confirmed that residents have immediate access to emergency medical and mental health services.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], Policy 09MS:3.02 (PREA Guidelines for Medical Staff) and Policy 13 HS:01.01 (Access to Care) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the either Robert Wood Johnson Hospital or St. Francis where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. However, there is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded. There are two (2) Sexual Abuse Incident Review teams, one is the executive level and the other is at the facility level. The executive level team consists of the Deputy Director of Operations, Deputy Director of Programs, Clinician Administrator, Rutgers University, Ombudsman and PREA Coordinator. The facility level team consists of the Superintendent, Assistant Superintendent, Medical, Mental Health, and Education staff. There has been one (1) investigation of alleged staff's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their Sexual Abuse Incident Review form that captures all aspects of an incident.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the collection of accurate, uniform data for every allegation of sexual assault. The JJC Deputy Director of Operations and Chief of Information Technology implemented a data collection protocol and collect all data relating to PREA. JJC has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

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

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

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The JJC 2015 Annual Report is posted on the JJC Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the JJC website.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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.

Dorothy Xanos

April 8, 2016

Auditor Signature

Date

